

Final Submittal
June, 1996
Contract: N62477-93-D-0161

HISTORIC AND ARCHEOLOGICAL RESOURCES PROTECTION (HARP) PLAN

Prepared For:
CHESAPEAKE DIVISION
NAVAL FACILITIES ENGINEERING COMMAND

NATIONAL NAVAL MEDICAL CENTER
Bethesda, Maryland

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

1978 (2000)

Baker

Baker and Associates

A Unit of Michael Baker Corporation

21 June 1996

Department of the Navy
Engineering Field Activity, Chesapeake
Washington Navy Yard, Building 212
901 N Street, SE
Washington, D. C. 20374-5018

Airport Office Park, Building 3
420 Rouser Road
Coraopolis, Pennsylvania 15108

(412) 269-6200
FAX (412) 269-6097

Attention: *Gene*
Mr. ~~Eugene~~ Washington (Code 02)
Planner In Charge

Subject: Contract#: N62477-93-D-0161
Title: Analysis of Environmental & Related Facilities Planning Factors
Project: Intensive Level Architectural Survey of WW II Era Standing Structures
& Historical and Archeological Resources Protection Plan

Dear Gene:

Enclosed is a copy of the Final Submittal of the National Naval Medical Center Historic and Archeological Resources Protection (HARP) Plan. This Submittal incorporates our responses to all the NNMC comments to the Draft and Pre-Final submittals, and represents completion of our work on this project.

We would like to thank you, Pat Spahn, Beth Law and Lewis Hudson for all your assistance and cooperation in successfully completing the HARP Plan and look forward to working with all of you again in the future.

As agreed previously with NNMC, we have sent 1 color hard copy and one color copy in CD ROM format of the HARP Plan to Beth Law, NNMC Cultural Resources Manager. If you have any questions about this submittal please feel free to contact me at (412) 269-6266.

Sincerely,

BAKER AND ASSOCIATES



Louis J. Maslyk
Project Manager

enclosure

cc: Beth Law w\enclosures



A Total Quality Corporation



Final Submittal
June, 1996
Contract: N62477-93-D-0161

HISTORIC AND ARCHEOLOGICAL RESOURCES PROTECTION (HARP) PLAN PHASE I

Prepared For:
CHESAPEAKE DIVISION
NAVAL FACILITIES ENGINEERING COMMAND

NATIONAL NAVAL MEDICAL CENTER
Bethesda, Maryland

Prepared By:
BAKER AND ASSOCIATES
Coraopolis, Pennsylvania

in association with
ROBINSON & ASSOCIATES, INC.
and
ELIZABETH ANDERSON COMER/ARCHAEOLOGY

CONTENTS



SECTION 1 - EXECUTIVE SUMMARY	1-1
Environmental Setting	1-1
Archeological Literature Review	1-2
Historic Survey	1-3
Overview Survey / Inventory of National Register Resources	1-5
Resource Management Recommendations	1-7
Standard Operating Procedures	1-7
Ten Year HARP Plan Updates	1-7
HARP Plan Endorsements	1-8
 SECTION 2 - INTRODUCTION	 2-1
 SECTION 3 - ENVIRONMENTAL SETTING	
Introduction	3-1
Location	3-1
Physical Factors	3-1
Topography	3-1
Physiography	3-1
Soils	3-6
Hydrology	3-7
Climate	3-10
Temperature	3-10
Precipitation	3-10
Flora and Fauna	3-11
Flora	3-11
Fauna	3-11
Civilian Land Use Planning	3-12
Montgomery County	3-12
National Naval Medical Center Land Use Planning	3-12
National Naval Medical Center Structure	3-12
National Naval Medical Center Land Uses	3-13
Facilities	3-13
Service, Storage, and Operational	3-14
Community and Recreation	3-15
Open Space	3-15

Circulation, Transportation and Parking	3-15
Grounds	3-15
Future Land Use	3-16
Capital Improvement Plan	3-17
Literature Cited	3-18

SECTION 4 - ARCHAEOLOGICAL LITERATURE REVIEW

Introduction	4-1
Purpose of Archeological literature Search and Its Role In the Subsequent Compliance Process	4-1
Potential Subsequent Steps in the Compliance Process	4-1
Archaeological Assessment	4-1
Phase I	4-2
Phase II	4-2
Phase III	4-2
Research Methods	4-2
Site Description	4-3
Review of Prehistory	4-4
The Paleo-Indian Period (12,000 to 7,500 B.C.)	4-5
Archaic Period (8,000 to 1,000 B.C.)	4-6
Woodland Period (1,000 B.C. to A.D. 1600)	4-6
Recorded Prehistoric Sites in the Vicinity of the Project Area	4-7
Review of History	4-9
Contact and Settlement Period (1570-1750)	4-9
Rural Agrarian Intensification (1680-1815)	4-11
Agricultural-Industrial Transition (1815-1870)	4-14
Civil War	4-15
Industrial/Urban Dominance (1870-1930)	4-18
Modern Period (1930-Present)	4-20
Discussion of Findings	4-25
Literature Cited	4-28

SECTION 5 - HISTORIC SURVEY

Introduction	5-1
Early History of the National Naval Medical Center	5-2
The Washington Navy Yard at 8th and M Streets, S.E.	5-2
The Marine Barracks at 8th and I Streets, S.E.	5-2
The U.S. Naval Hospital, Pennsylvania Avenue and 9th and 10th Streets, S.E.	5-2
The U.S. Naval Hospital, 23rd and E Streets, N.W.	5-3
The New Naval Medical Center at Bethesda	5-3

Designing the National Naval Medical Center	5-5
The Dedication and Commitment of Franklin Delano Roosevelt	5-5
Supervising Design and Construction	5-6
Overcoming Opposition	5-7
Proceeding with the Final Design Scheme	5-8
Constructing the National Naval Medical Center	5-9
Landscape Design and Treatment	5-12
A Tribute to Roosevelt	5-13
Mission and Function of the Naval Medical Center	5-14
U.S. Naval Hospital	5-16
Defining the "National Naval Medical Center"	5-16
The U.S. Naval Dental School	5-17
The Naval School of Health Sciences	5-18
The Naval Medical Research Institute	5-18
Achievements of the National Naval Medical Center	5-19
Looking Towards the Future	5-20
National Register Treatment Categories	5-20
Category I	5-21
Category II	5-21
Category III	5-22
Literature Cited	5-24

SECTION 6 - INVENTORY OF NATIONAL REGISTER RESOURCES

Introduction	6-1
Inventory	6-2
Summary of Findings	6-86
Recommendations for Further Study: Prioritizing Resources for Intensive Level Survey	6-87

SECTION 7 - RESOURCE MANAGEMENT RECOMMENDATIONS

Introduction	7-1
Primary Missions of NNMC	7-1
HARP Goals	7-1
Priorities	7-1
Budget and Staff Commitments	7-3

SECTION 8 - STANDARD OPERATING PROCEDURES

Introduction	8-1
Coordination of HARP Plan with NNMC Master Plan	8-1

Conducting Intensive Surveys	8-1
Procedure for Section 106 Compliance	8-1
Section 106 Procedures for Single Occupance Undertakings	8-2
Preparing Proposals for Mitigating Adverse Effects	8-2
Mitigation of Demolitions Involving World War II - Temporary Buildings	8-3
Avoiding Adverse Effects of Eligible Resources	8-3
A Programmatic Agreement to Expedite Routine or Repetitive Actions	8-4
National Resource Treatment Categories	8-5
Category I	8-4
Category II	8-6
Category III	8-7
Additional NHPA Section 110 Requirements	8-7
Compliance with Federal Archeology Legislation	8-8

SECTION 9 - TEN YEAR HARP PLAN UPDATE

Narrative	9-1
-----------------	-----

SECTION 10 - HARP PLAN ENDORSEMENTS

Narrative	10-1
-----------------	------

BIBLIOGRAPHY

APPENDICES

Appendix A - List of Prehistoric Sites Within Two Mile Radius	A-1
Appendix B - Deed of Title, National Naval Medical Center	B-1
Appendix C - List of Historic Sites Within a Two Mile Radius	C-1
Appendix D - Procedures for Conducting Intensive Surveys	D-1
Appendix E - Professional Qualifications	E-1
Appendix F - HARP Computer Data Base	F-1
Appendix G - Laws, Regulations, Directives, Instructions and Manuals	G-1
Appendix H - National Register Criteria	H-1
Appendix I - Glossary	I-1

LIST OF FIGURES

3.1 - Regional Map	3-2
3.2 - Location Map	3-3

3.3 - USGS Map	3-4
3.4 - Site Map	3-5
3.5 - Soils Map	3-6
3.6 - Slope Map	3-10
3.7 - Existing Land Use	3-14
3.8 - Future Land Use	3-17
4.1 - Detail of Captain John Smith map of	4-10
4.2 - Detail of 1670 Augustin Herrman map of Virginia and Maryland	4-11
4.3 - Map of original land grant, Claggett's Purchase, superimposed over modern map	4-12
4.4 - Detail of 1751 Fry and Jefferson map showing NNMC project area	4-12
4.5 - Detail of 1794 Griffith map showing NNMC project area	4-13
4.6 - Green Sod, Old Bohrer Home	4-14
4.7 - Old Bohrer Home Slave Quarters	4-15
4.8 - Detail of map showing June-July 1861 and July 1864 Civil War troop movement in the project vicinity	4-15
4.9 - Detail from 1864 Union troop movement map showing activity in the project area	4-16
4.10 - Detail from 1865 Martenet & Bond map of Montgomery County showing Lewis Bohrer residing at the NNMC project area	4-17
4.11 - Detail of 1879 Hopkins Atlas of Montgomery County showing Lewis Bohrer residing at the NNMC project area	4-18
4.12 - Detail of 1890 Fava Naeff & Co. map showing NNMC project area and location of 262 acres owned by Margaret C. Bohrer	4-18
4.13 - Detail of 1931 F.H.M. Klinge Atlas of Montgomery County, Maryland showing Joseph F. Kelly et al: George E. Hamilton; Margaret Coolidge; and Donald McPherson Co. ownership in project area and structures on the Kelly, Hamilton, and Coolidge property	4-20
4.14 - Map of NNMC showing eight parcels purchased in 1938 and 1939 for construction of the NNMC	4-21
4.15 - View of NNMC project area 1938	4-22
4.16 - Spring House of Old Bohrer Farm, ca. 1938	4-22
4.17 - View toward west from 7th floor of Tower on July 10, 1941	4-22
4.18 - View of main building from Rockville Pike, looking due east. April 22, 1941	4-23
4.19 - View of power plant area looking south, showing footing in place. July, 8 1940	4-23
4.20 - View of tower (under construction) from Rockville Pike, looking Southeast, 1941	4-23
4.21 - Aerial oblique process photo of the U.S. Naval Hospital	4-23
4.22 - Naval Medical Center, view of Officers' Quarters, looking west Southwest. April 22, 1941 ...	4-23
4.23 - Corpsmen' Quarters, looking south. April 22, 1941	4-23
4.24 - General View of quarters area taken from Nurse's Quarters. November 3, 1941	4-24
4.25 - General view of area in front of Main Building taken from culvert at exit of former farm road. July 10, 1941	4-24

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

4.26 - Oblique of the NNMC, February 11, 1944	4-24
4.27 - Aerial of NNMC, May 3, 1954	4-24
4.28 - 1946 plan for the NNMC	4-25
4.29 - Landscaped field between Main Tower and Wisconsin Avenue, looking southeast	4-26
4.30 - "Eleanor Lake" at location of Spring, View looking northwest toward NIH	4-26
4.31 - Ponded area of Stoney Creek with steep slopes. View looking southeast	4-26
4.32 - Steep slopes to Stoney Creek. View looking southwest from Recreational area	4-26
4.33 - Pavilion recreational fields. View looking west	4-26
4.34 - Heavily wooded and steeply sloping area near USUNS	4-27
5.1 - Selecting site for the new Naval Hospital (1938)	5-1
5.2 - Early aerial of National Naval Medical Center site prior to construction (No date given)	5-1
5.3 - Spring House, Bethesda, Maryland (circa 1938)	5-2
5.4 - Roosevelt Sketch of Hospital on White House Stationary	5-5
5.5 - Artist Rendering - No Date	5-9
5.6 - Roosevelt mixes mortar for cornerstone	5-9
5.7 - Dedication Ceremonies in front of main entrance Building 1 (August 31, 1942)	5-11
5.8 - Main Building 1, looking northeast. All concrete floors poured and roof of Tower ready to pour. (November, 5 1940)	5-11
5.9 - View of Main Building from Rockville Pike, looking due east. (April 22, 1941)	5-11
5.10 - Naval Medical Center, Entrance, Building 1. (September 17, 1941)	5-11
5.11 - West entrance to south wing, Building 1. (September 17, 1941)	5-11
5.12 - Aerial oblique progress photo of the U.S. Naval Hospital, Bethesda, Maryland (No date)	5-12
5.13 - Nurses' Quarters. (No date given)	5-12
5.14 - North ward (Corpsmen Quarters), looking south (No date)	5-12
5.15 - Naval Medical Center. View of Officers Quarters looking west, southwest (April 22, 1941) ..	5-13
5.16 - Officers' Clubs - Recreational Facilities (No date)	5-13
5.17 - Officers' Club (no date given)	5-13
5.18 - Main entrance, seen from Flagpole Terrace. (December 11, 1941)	5-14
5.19 - Building 1 with temporary buildings in foreground	5-14
5.20 - Oblique of the Naval Medical Center, Bethesda, Maryland (February 11, 1944)	5-14
6.1 - Building 1 Tower, looking northeast	6-4
6.2 - Tower detail, Building 1(1995)	6-4
6.3 - Roosevelt sketch of Hospital on White House Stationary	6-5
6.4 - Artist rendering (No date)	6-5
6.5 - General view of Main Building showing south face of south wing in foreground (August, 6 1940)	6-6
6.6 - National Naval Medical Center looking east toward temporary buildings (No date)	6-7
6.7 - Aerial view of the new National Naval Medical Center (1980)	6-7

6.8 - Building 2, looking northeast in courtyard	6-10
6.9 - North face of Building 2, looking south between Buildings 1 and 3	6-10
6.10 - Building 3, detail of north facade	6-12
6.11 - Building 3, looking southeast	6-12
6.12 - Remaining sections of Buildings 4 and 6. Building 4 in the foreground	6-14
6.13 - Ward Building 4 in foreground, south face of east wing (March 21, 1941)	6-15
6.14 - Court between Ward Buildings 4 and 6, looking north. (May 29, 1941)	6-15
6.15 - Building 5, looking south	6-18
6.16 - East elevation, Building 5, with Building 1 in background	6-18
6.17 - Remaining sections of Buildings 4 and 6. Building 6 in background	6-20
6.18 - View showing conditions between and south of Ward Buildings 4 and 6 (Nov. 3, 1941)	6-20
6.19 - Building 11, main entrance	6-22
6.20 - South elevation, Building 11, looking north	6-23
6.21 - Front view of Nurses' Quarters (July 10, 1941)	6-24
6.22 - Nurses' Quarters, National Naval Medical Center (no date)	6-24
6.23 - East elevation, Building 12, looking northwest	6-26
6.24 - Main entrance, Building 12, looking south	6-27
6.25 - Hospital Corpsmen's Quarters, Building 12, looking northwest (March 21, 1941)	6-28
6.26 - Front view of Corpsmen's Quarters. (September 17, 1941)	6-28
6.27 - Building 13, looking northeast	6-30
6.28 - Rear of Building 13, looking northwest	6-30
6.29 - Garage and laundry, Building 13, looking southeast. March 21, 1941	6-31
6.30 - View showing conditions in Laundry and Heating Plant area (November 3, 1941)	6-31
6.31 - Building 14, looking northeast	6-34
6.32 - Building 15, looking east	6-36
6.33 - Building 16, looking southeast	6-38
6.34 - Building 16, looking northeast	6-38
6.35 - Heating and Refrigeration Plant, Building 16, looking southeast (March 21, 1941)	6-39
6.36 - Heating Plant, Building 16 (December 11, 1941)	6-39
6.37 - Main entrance, Building 17, looking southeast	6-42
6.38 - Main facade, Building 17, looking west	6-42
6.39 - East facade, Building 18, looking northwest	6-44
6.40 - Building 18 adjoining Building 17, looking northwest	6-44
6.41 - Main facade, Building 20, looking northeast	6-46
6.42 - Building 21, looking east	6-48
6.43 - Building 22, looking south	6-50
6.44 - Main entrance, Building 23, looking north	6-52
6.45 - West elevation, Building 23, looking east	6-52

6.46 - Recreational and Occupational Therapy Buildings. View showing access road and rear entrance to Recreation Building (November 14, 1945)	6-53
6.47 - Flagpole detail, Building 30, looking east	6-56
6.48 - Flagpole detail, Building 30	6-57
6.49 - Flagpole detail, Building 30 looking east	6-57
6.50 - View of Officers' Quarters, looking east along Van Reypen Road	6-60
6.51 - View of Building 34, looking north	6-60
6.52 - View of enclosed porch, Building 34, looking northeast along west elevation	6-61
6.53 - View of Building 35, looking north	6-64
6.54 - Rear view of Buildings 35 and 36, looking east. Building 35 in foreground	6-64
6.55 - Building 36, looking north	6-66
6.56 - Building 37, looking north	6-68
6.57 - Officers' Quarters, looking north (Buildings 35, 36, 37) December 11, 1941	6-70
6.58 - Naval Medical Center. Officers' Quarters, looking west, northwest (January 7, 1941)	6-70
6.59 - West facade, Building 139 looking northeast	6-72
6.60 - South facade, Building 139, view looking east	6-72
6.61 - Main entrance, Building 141, looking southeast	6-74
6.62 - West wing, Building 141, looking south	6-74
6.63 - West facade of Building 146 with Buildings 174 and 219 in foreground	6-76
6.64 - North facade, Building 146, looking southeast	6-77
6.65 - South facade, Building 146, looking northeast	6-77
6.66 - View of filling station (building 163), looking north	6-80
6.67 - Building 219, looking east with Building 146 in background	6-82
6.68 - Building 219, view looking south	6-82
6.69 - Preliminary Historic District Boundary	6-83
6.70 - Buildings Surveyed	6-84
6.71 - National Register Treatment Categories: Category I and II Buildings	6-85

LIST OF TABLES

3.1 - Soil Types of the national Naval Medical Center	3-8
3.2 - Major Tenant Commands	3-13
4.1 - Lithic Artifacts Recovered During Phase II Investigation, Taylor Site, National Institute of Health	4-8

SECTION 1

EXECUTIVE SUMMARY



INTRODUCTION

The Phase I Historic and Archeological Resource Protection (HARP) Plan for the National Naval Medical Center (NNMC) was prepared to provide NNMC with guidance for efficient compliance with the National Historic Preservation Act (NHPA) and Federal archeological protection legislation. The basis for this Plan was an overview survey of 29 buildings conducted by the Chesapeake Division, Naval Facilities Engineering Command in 1995-1996.

NNMC is located in southern Montgomery County, Maryland near the Potomac River. The 242 acre NNMC complex is in Bethesda, Maryland, less than 3 miles from the Washington D.C. border and less than 5 miles southeast of Rockville, Maryland (see Figures 3.1 - 3.3). NNMC sits astride Wisconsin Avenue (Maryland 335) one half mile south of Interstate 495 and one mile north of the Bethesda, Maryland Business District.

ENVIRONMENTAL SETTING

The Environmental Setting of the NNMC project area provides a detailed environmental description of the physical factors found on the installation. NNMC lies within the eastern part of the Piedmont Section of the Older Appalachians Physiographic Province. The bedrock consists of schist, gneiss, gabbro and other highly metamorphosed sedimentary and igneous rocks of probable volcanic origin. Soils consist of mostly well drained, nearly level to moderately steep, loamy soils that developed in materials weathered from micaceous schist and micaceous gneiss bedrock. These soils fall under one of four soil series: Ashe, Ashe Variant, Glenelg, and Occoquan (see Figure

3.5). The installation's topography varies from gently rolling to hilly. The land uses of the site include forest, woodland, pasture and urban. The prominent hydrological feature is the 100 year floodplain of Stoney creek (see Figure 3.6).

The climate of NNMC is humid and temperate with an average summer temperature of 75 degrees Fahrenheit and an average winter temperature of 35 degrees Fahrenheit. The average precipitation is approximately 39 inches and occurs throughout the year. At present, on the NNMC campus there are about 24 acres of mature contiguous forest, in two groups of trees on the eastern half of the campus (see Figure 3.4). There are an additional 20 acres of forest buffer, which serves as a shield to the campus from the noise and visual intrusion of Interstate 495. Wetlands occur along Stoney Creek and support a dense cover of grasses, brush, shrubs and briars (see Figure 3.6). The dominant fauna species on NNMC are not limited to small birds and small upland animals, but also include large numbers of deer and fox.

Montgomery County is divided into several planning sectors. NNMC is located within the Bethesda-Chevy Chase Planning Area and falls within the National Capital Planning Region of Washington, D. C. The Metropolitan Washington Council of Governments coordinates land use planning in the region and develops policies to solve regional land use and planning problems. The National Capital Planning Commission is the coordinating agency for federal projects in the National Capital Region. The Montgomery County Planning Board of the Maryland National Capital Parks and Planning Commission is

coordinating agency for federal projects in the National Capital Region. The Montgomery County Planning Board of the Maryland National Capital Parks and Planning Commission is the agency responsible for land use planning in Montgomery County. The Planning Board has no authority over federal installations, however NNMC master plans are referred to them for their review.

NNMC is surrounded by a mixture of residential, institutional and open space land uses. It is located within a mature developed community. Zoning is predominantly low-density housing with certain permitted land uses such as private educational institutions, hospitals, country clubs and philanthropic institutions.

NNMC is structured to include ten major, specialized functional directorates. In addition to the primary mission of the hospital, a wide variety of health care, educational and medical research programs are carried out by seven major tenant commands. Existing land uses on NNMC include administration, research, education, medical, community, residential, service, storage, operational, landscaped/view areas, natural buffer/open space, and parking. The developable land on NNMC is fully utilized. The 1990 Master Plan Update addresses future development by stating that the majority of open land lies in the eastern portion of the installation which exhibits rough topography and is unsuitable for development. In order to accommodate future development, more efficient utilization of existing assets is required and development will be limited to the existing built up areas.

ARCHEOLOGICAL LITERATURE REVIEW

The archeological literature review consisted of

research and evaluation of existing documents which conveyed information pertinent to archaeological resources at NNMC. The documents researched included primary documents (original materials), archival material (material that required extensive research), secondary documents (books and maps), and records of previous archaeological investigations of relevance to NNMC.

This literature search provided the basis for a complete archaeological assessment of NNMC. Such an assessment includes: on site inspection of NNMC, a predictive model of archeological resources, archeological statements, and maps indicating areas where archaeological resources are likely to be located. The archaeological assessment is the basis for all phases of the archeological resource preservation process that may follow. The assessment provides archeological information needed in planning documents and in project design. It indicates locations at which cultural resources are likely to be found in the project area. Design and eventual construction of project facilities might then be directed away from these locations, which would both remove the need for subsequent archeological investigations and preserve these resources. If construction must occur in areas likely to contain resources, phased investigations (see page 4-2) may be arranged in such a way as to not delay the overall project schedule.

The archeological literature review was conducted in the following manner: a complete title search for the project area was performed at the Montgomery County Courthouse in Rockville, Maryland; at the Prince George's County Courthouse in Upper Marlboro, Maryland; at the Frederick County Courthouse in Frederick, Maryland; and at the Maryland State Archives in Annapolis, Maryland. Further, a historic review of Montgomery County,

State of Maryland and National historic documents was conducted to determine trends and influences pertinent to the site. Pertinent historic photographs, tax assessments, public works records, and municipal records were examined at the National Archives, Library of Congress, United States Geographic Service, Montgomery County Library, Montgomery County Historic Society, Maryland Hall of Records and the Maryland Historical Trust. Previous archeological research conducted in the project area and vicinity was also reviewed. The Montgomery County Archeologist and the State of Maryland Historical and Cultural Programs were consulted; and local experts in the history and prehistory of the area were interviewed including the staff of the Montgomery County Historical Society, Inc.

The literature review for the NNMC project area has determined that the area was most likely occupied prehistorically and historically by native Indians and European settlers and their decedents. Appendix A presents a listing and brief description of prehistoric sites that have been found within a two mile radius.

The next phase of research will integrate the findings of this study with settlement patterns typical for the prehistoric and historic periods and with information about ground disturbances as recorded and observed in the field. From this can be derived a predictive model that will identify those areas on the NNMC campus most likely to contain prehistoric and historic sites, and the potential significance of those sites.

HISTORIC SURVEY

The history of the NNMC can be firmly traced to the first decade of the 19th century, and to five

distinct locations in or near the District of Columbia. The five sites include 1) the Navy Yard at 8th and M Streets, S.E.; 2) the Marine Barracks at 8th and I Streets, S.E.; 3) the U.S. Naval Hospital, Pennsylvania Avenue and 9th and 10th Streets, S.E.; 4) the U.S. Naval Hospital, 23rd and E Streets, N.W., and finally, 5) the U.S. Naval Hospital, National Naval Medical Center, Bethesda, Maryland.

The first infirmary or hospital for naval personnel in Washington, D.C. was established between 1802 and 1811 in a rented farmhouse near the old Washington Navy Yard along the Anacostia River. It was not until 1843 that other expanded and improved facilities were provided within the confines of the Marine Barracks at 8th and I Streets, S.E. By 1864, Congress appropriated funds for the construction of a new building for the hospital on a small plot of land between 9th and 19th Streets and Pennsylvania Avenue, S.E. The building, commissioned in 1866, was recognized as the first U.S. Naval Hospital. Not long thereafter, in 1904, construction was begun on a new hospital at 23rd and E Streets that also included modern clinical facilities for the Naval Medical School. The hospital and medical school remained at this site for over thirty-five years. On February 5, 1942, the hospital and medical school were renamed and relocated to a new site - where they have remained for over fifty years - the National Naval Medical Center at Bethesda.

Plans for the new National Naval Medical Center at Bethesda were not carried out without incident. Great opposition to relocating the U.S. Naval Hospital and the U.S. Naval Medical School to the Bethesda site was raised by both the National Capital Park and Planning Commission (as it was known at the time) and the Commission of Fine Arts.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Concern by both agencies focused on the height of the new hospital, which was being presented as a towering element prominently positioned in the center of the proposed complex. According to the National Capital Park and Planning Commission, the proposed 20-story tower violated the 72-foot height limit for buildings prescribed for the District of Columbia and its immediate environs. Combating this controversy was the President of the United States himself, Franklin Delano Roosevelt, who had initiated the design of the NNMC through sketches he generated after viewing Bertram Goodhue's Nebraska State Capital in Lincoln, Nebraska. Having personally selected the site, President Roosevelt was persistent with his design scheme, and, in cooperation with renowned architect, Paul Phillippe Cret, triumphed in getting the conceptual plans for the site and tower approved by all necessary parties in the summer of 1939.

Between the years 1938 and 1939, proposed plans for the new Naval Medical Center were further developed and refined to include - in addition to the Naval Hospital and Naval Medical School - a Naval Dental School, Naval Medical Research Institute, Hospital Corps School for WAVES, an Occupational Therapy and Recreation Building, utility buildings, and residential quarters for officers, corpsmen, and nurses. The intention at this stage was to create a self-sufficient community that could provide all the necessary health care, research, and administrative support required for the successful operation and development of the nation's primary naval medical and research facility.

The early sketches prepared by Roosevelt proceeded from essentially rough ideas to a full-scale, in-house Bureau of Yards and Docks design effort. The Bureau of Yards and Docks is the branch of the

Navy responsible for designing shore installations. Refined and expanded in scale by Paul Cret, the final design for Naval Medical Center generally followed the outlines of the President's sketch. The main hospital exhibited a central tower with flanking L-shaped pavilions arranged symmetrically with the bulk of its low mass hidden behind the tower. The design presented bronze sashes alternating with serpentine spandrels to form dark verticals, contrasting with white concrete panels and heightening the Neoclassical effect intended by Cret. Within a year of completing the final design, Cret was awarded the American Architectural Prize by the American Institute of Architects for the "most beautiful building designed in America" - the Naval Medical Center.

In addition to the design of buildings for the Naval Medical Center, President Roosevelt and Paul Cret were very much involved in the planning and treatment of the surrounding landscape. Features envisioned and implemented by Roosevelt and Cret included, but were not limited to, a flagpole terrace, a small pond (fed by an existing spring) in front of the hospital tower, a semicircular entrance drive, extensive tree plantings, a recreational lake, and an "old English sheep fence."

Initially defined as separate entities comprising the National Naval Medical Center, the U.S. Naval Hospital and the U.S. Naval Medical School are no longer recognized as individual divisions, but have been absorbed and are currently directed under the auspices of what is officially recognized today as the National Naval Medical Center (NNMC) at Bethesda. The U.S. Naval Hospital and the U.S. Naval Medical Center were not officially consolidated into one command until September 1, 1973. Responsibilities formerly held by the U.S. Naval Hospital, including the diagnosis, treatment,

and hospitalization of active and retired Navy and Marine Corps personnel continue as part of the overall mission of the Center.

Another important function of the National Naval Medical Center is the training of medical personnel, formerly the responsibility of the U.S. Naval Medical School. NNMC is approved by many American specialty boards and by the Council on Medical Education and Hospitals of the American Medical Association for resident training in medical and surgical specialties. A military teaching staff of certified specialists and civilian consultants maintains residency, intern, and fellowship training programs. The National Naval Medical Center has approximately 250 residents, interns, and fellows in training and is affiliated with, among many others, the Uniformed Services University of the Health Sciences, the National Institute of Health, the National Cancer Institute, and the Walter Reed Army Medical Center. The National Naval Medical Center is recognized today as one of the ten largest medical facilities in the United States.

Significant advances in medical research and technology have been achieved at the National Naval Medical Center over its 50-year history. A sampling of the discoveries pioneered by Medical Center personnel and staff include: the production and testing of the acrylic eye; the confirmation of the value of bone and blood vessel grafting techniques; the development and use of radioactive gallium for the treatment of bone tumors; the development of new surgical procedures and psychiatric techniques; and the experimentation and production of facsimile limbs. As noted earlier, the National Naval Medical Center has trained thousands of hospital doctors, nurses, and technicians in specialized areas such as tropical medicine, radiation exposure treatments, and

emergency care to the injured - all of which are of critical or of unique importance to the Navy.

Since its commission in 1942, the National Naval Medical Center has continued to provide the highest quality of care to military personnel and their dependents, as well as high-ranking government officials. Today, the monumental tower stands surrounded by a modern, full-service hospital with state-of-the-art facilities and a staff of highly-skilled doctors, nurses, technicians and other medical professionals and support personnel. A new hospital complex, the result of an extensive redevelopment plan initiated in 1975, was completed and dedicated on November 21, 1980.

As Roosevelt envisioned, the National Naval Medical Center now functions as an independent city - with residential quarters, clubs, a navy exchange, and a chapel all supporting the efforts of the immediate medical community. Divisions and departments such as Facilities Management, Fire and Safety, and Recreation, are also on hand to provide service and protection to the staff and residents of the National Naval Medical Center.

THE OVERVIEW SURVEY/INVENTORY OF NATIONAL REGISTER RESOURCES

In accordance with the Naval Facility Engineering Command's *Guidance for Preparing Historic & Archeological Resources Protection Plans at United States Navy Installations*, a preliminary overview survey of 29 buildings at the National Naval Medical Center was conducted in an effort to identify, and complete a working inventory of, known and potentially eligible National Register resources. This Overview Survey forms a critical element of what the HARP Guidance defines as a Phase I HARP Plan.

The 29 resources at NNMCM surveyed and tentatively evaluated as to National Register potential were selected to include all buildings 50 years of age and older, as well as one key landscape feature, the flagpole terrace identified by NNMCM as Building #30. One property is currently formally listed on the National Register; Building #1 the (tower) was designated in 1978. The Overview Survey includes a current list of all resources that: 1) are listed in the National Register, 2) have been determined eligible, 3) have been identified as potentially eligible by the Overview, or 4) are recommended by the Overview for further survey.

As per HARP *Guidelines*, in the Overview Survey of 29 resources at NNMCM, the buildings were evaluated and tentatively classified in *two* of the three National Register Treatment Categories established by the U.S. Department of the Navy. The result was the classification of 18 Category I resources and 11 Category II resources (see Section 6 for individual survey forms). Because the treatment of these resources varies substantially from the most comprehensive preservation treatment (Category I) to no special preservation measures, HARP *Guidelines* require that all resources be preliminarily assigned Category I or Category II as part of the Overview Survey. (At the completion of an Intensive Survey, resources may be shifted between Categories I and II, or reassigned to Category III).

The results of the overview survey and preliminary assignment of treatment categories, together with other cultural resources management sections, comprises a Phase I HARP Plan. For any construction undertaking conducted by NNMCM in the future likely to affect a National Register Resource, or for any routine or repetitive actions likely to affect National Register resources, or for

more comprehensive planning purposes, the Phase I Plan should be followed by a Phase II HARP Plan which includes an intensive survey and consultation with the Maryland State Historic Preservation Officer (SHPO) (see Appendix D). Intensive surveys are required at the earliest planning stages of any Navy undertaking that may have an effect on resources and areas identified as potentially eligible for the National Register.

To supplement the overview survey in NNMCM's Phase I HARP Plan, a historic context report, documenting the history of the design, construction, and achievements of the National Naval Medical Center, was prepared. Based on this report, it was determined that a specially defined area of the National Naval Medical Center, including the original boundaries and buildings of the complex, was potentially eligible for designation as a National Register Historic District (see Figure 6.69). Significant features of the group of buildings tentatively assigned Category I and Category II that potentially form contributing elements of the district include: that collectively they represent the work of the master architect, Paul Phillippe Cret; they were constructed over the short period of time from 1940-1945; and that they also represent the significant accomplishments of the NNMCM.

The boundaries of this district have been delineated on page 6-83 (Figure 6.69). Further research is necessary to determine whether the buildings identified as potentially eligible for the National Register are eligible on an individual basis, or as contributing elements to the much larger potentially eligible historic district. It is recommended that an intensive-level survey of these resources be conducted to reevaluate and confirm these findings.

HARP Plans are currently the subject of an

evaluative review by the Naval Public Works Center in conjunction with the Legacy Program Office. The development of a user-friendly Cultural Resources Planning Guide that incorporates recommendations to improve HARP Plans is currently underway. In the absence of conclusions/recommendations for revisions to such HARP Plans, this Phase I HARP Plan is being prepared to current standards. As Phase II of the NNMC HARP Plan is implemented, recommendations to improve HARP Plans that may be produced by the current Naval Public Works Center study should be taken into account and incorporated into NNMC's Phase II HARP Plan and future cultural resources planning.

RESOURCE MANAGEMENT RECOMMENDATIONS

Resource management recommendations set priorities to allow NNMC to manage its National Register resources. The priorities were established in accordance with the Naval Facility Engineering Command's *Guidance for Preparing Historic and Archeological Resource Protection Plans at United States Naval Installations*.

The priorities (see Section 7) will assist NNMC in complying with the National Historic Preservation Act in a cost effective manner. The priorities will also allow NNMC to prepare realistic budget and staff commitments needed to carry out preservation activities.

STANDARD OPERATING PROCEDURES

To achieve the goals of the management plan NNMC needs to follow standard operating procedures. These procedures were established in accordance with the Naval Facility Engineering

Command's *Guidance for Preparing Historic and Archeological Resource Protection Plans at United States Naval Installations*. These procedures will allow NNMC to develop management routines that will result in cost-effective compliance with NHPA. The procedures are for coordination of the HARP Plan with the NNMC Master Plan, conducting intensive surveys, Section 106 compliance, preparing National Register resource treatment categories, Section 110 requirements, and for Federal archeology legislation compliance.

TEN YEAR HARP PLAN UPDATES

In accordance with the Naval Facility Engineering Command's *Guidance for Preparing Historic and Archeological Resource Protection Plans at United States Naval Installations*, NNMC should review and update this Phase I HARP Plan every ten years. NNMC must also periodically reevaluate the goals and priorities of management recommendations in Section 7. Officials should also note any difficulty in using the Standard Operating Procedures and devise ways to make them more effective.

HARP PLAN ENDORSEMENTS

In accordance with the Naval Facility Engineering Command's *Guidance for Preparing Historic and Archeological Resource Protection Plans at United States Naval Installations* the Phase I HARP Plan should be endorsed by NNMC as the host command

THE UNIVERSITY OF CHICAGO PRESS

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

THE UNIVERSITY OF CHICAGO PRESS
1207 EAST 59TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-707-3000
FAX: 773-707-3001
WWW.CHICAGO.PRESS.EDU

SECTION 2 INTRODUCTION



INTRODUCTION

The Phase I Historic and Archeological Resources Protection (HARP) Plan for the National Naval Medical Center (NNMC) provides local commands at the installation with guidance for efficient compliance with the National Historic Preservation Act (NHPA) and Federal archeological protection legislation. Note that there is no absolute requirement to preserve; the key to compliance is protective management of National Register resources. Such resources are defined as historic and archeological resources that are listed in or eligible for listing in the National Register of Historic Places. This HARP Plan consists of an environmental setting, an archeological literature review, a historic overview survey, a working inventory of National Register resources, resource management recommendations and standard operating procedures for achieving the goals and priorities of the Management Plan.

The basis of this HARP Plan is the information collected during a preliminary overview survey of the installation conducted by Chesapeake Division, Naval Facilities Engineering Command in 1995-96.

In accordance with the Naval Facilities Engineering Command's *Guidance for Preparing Historic & Archaeological Resources Protection Plans at United States Navy Installations*, a preliminary overview study of 29 buildings at the NNMC was conducted in an effort to identify, and complete a working inventory of, known and potentially eligible National Register resources. This overview study forms a critical element of what the *HARP Guidance* defines as a Phase I, or preliminary, HARP Plan.

The 29 resources at NNMC surveyed and tentatively evaluated as to National Register potential were selected to include all buildings 50 years of age and older, as well as one key landscape feature. One property, Building #1, is currently formally listed on the National Register. As per *HARP Guidelines*, the 29 buildings in the overview survey were evaluated and tentatively classified in two of the three National Register Treatment Categories established by the U.S. Department of the Navy. The result was the classification of 18 Category I resources and 11 Category II resources (see Section 6 for individual survey forms).

The HARP Plan follows the format outlined below: Section 3, Environmental Setting, is a detailed environmental description of the NNMC project area. This section provides information on NNMC's resource utilization potential and factors affecting the preservation of archeological sites.

Section 4, Archeological Literature Review, is intended to convey information pertinent to archeological resources at NNMC contained in existing documents. The documents included in the literature review include: primary documents, historic and secondary documents, and records of previous archaeological investigations relevant to NNMC.

Section 5, Historic Survey, contains information on the early history of NNMC, the design and construction of NNMC, the achievements of NNMC and the future of NNMC.

Section 6, Inventory of National Register Resources, includes an overview survey of structures that are

construction of NNMC, the achievements of NNMC and the future of NNMC.

Section 6, Inventory of National Register Resources, includes an overview survey of structures that are listed in the National Register of Historic Places, have been determined eligible for the National Register, or have been identified as being potentially eligible for the National Register. The survey includes general descriptions of the structure, historic context, criteria for evaluation, current landmark status, preliminary National Register eligibility, potential Department of the Navy treatment categories, National Register eligibility notes, major bibliographic references and photographs.

Resource management recommendations are contained in Section 7 of this plan and standard operating procedures for achieving the goals and priorities outlined in Section are found in Section 8. Section 7 and 8 facilitate compliance with NHPA and Federal Architectural Legislation. Section 9 stipulates that NNMC review and update the Plan every six years in conjunction with Master Plan updates. Section 10 is NNMC endorsement of the HARP Plan.

The results of the overview survey and preliminary assignment of treatment categories, together with other cultural resources management sections, comprises a Phase I HARP Plan. The Phase I HARP Plan should be followed by a Phase II HARP Plan which includes an intensive level survey and consultation with the Maryland State Historic Presentation Office (SHPO) when any construction undertaking conducted by NNMC in the future is likely to affect a National Register Resource, or for any routine or repetitive actions likely to affect National Register resources, or for more

comprehensive planning purposes (see Appendix D). At the completion of an intensive level survey, resources may be shifted between Treatment Categories I and II, or reassigned to Category III. Intensive surveys are required at the earliest planning stages of any Navy undertaking that may have an effect on resources and areas identified as potentially eligible for the National Register.

HARP Plans are currently the subject of an evaluative review by the Navy Public Works Center in conjunction with the Legacy Program Office. Development of a user-friendly Cultural Resources Planning Guide that incorporates recommendations to improve HARP Plans is underway. In the absence of conclusions/recommendations for revisions to such HARP Plans, this Phase I HARP Plan is being prepared to current standards. As Phase II of the NNMC HARP Plan is implemented, recommendations to improve HARP Plans that may come out of the current Naval Public Works Center study should be taken into account and incorporated into NNMC's Phase II HARP Plan and future cultural resources planning.

SECTION 3

ENVIRONMENTAL SETTING



INTRODUCTION

The Environmental Setting section of the Phase I Historic and Archeological Resources Protection (HARP) Plan is a detailed environmental description of the National Naval Medical Center (NNMC) project area. This section will provide information on NNMC's resource utilization potential and factors affecting the preservation of archeological sites.

Geographic Location and Vicinity

NNMC is located in southern Montgomery County, Maryland near the Potomac River. (Figures 3.1 and 3.2) The 242 acre NNMC complex is in Bethesda, Maryland, less than 3 miles from the Washington D.C. boarder and less than 5 miles southeast of Rockville, Maryland.

NNMC sits astride Wisconsin Avenue (Maryland 335) one half mile south of Interstate 495 and one mile north of the Bethesda, Maryland Business District. The Bethesda area includes residential complexes, government office buildings, retail establishments, restaurants, and research institutions. Directly west of NNMC, across Wisconsin Avenue is the National Institute of Health (NIH) complex (Figure 3.3). Figure 3.4 provides a site plan of NNMC.

PHYSICAL FACTORS

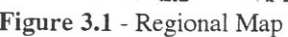
Topography

NNMC covers approximately 242 acres of rolling to hilly topography. The land uses of the site are forest and woodland, pasture and urban. The site is divided by the southwest to northeast trending Stoney Creek. The developed urban areas of NNMC have been graded flat for building construction but the campus

still maintains an undulating topography. The surviving original steeply sloped terrain is evidenced by views down to the creek from the outdoor recreation pavilions and the opposite sloping hillside adjacent the garden plots on Taylor Road.

Physiography

Maryland is part of four distinct physiographic regions: (1) the Atlantic and Gulf Coastal Plain Province, (2) the Older Appalachians Province, (3) the Newer Appalachian Province and (4) Appalachian Plateau Province. These provinces extend in belts of varying width along the eastern edge of the North American continent from Newfoundland to the Gulf of Mexico. NNMC lies within the Piedmont Section of the Older Appalachian Province. The Piedmont Province is composed of hard, crystalline igneous and metamorphic rocks. NNMC is located in the eastern part of the Piedmont section where the bedrock consists of schist, gneiss, gabbro and other highly metamorphosed sedimentary and igneous rocks of probable volcanic origin (The Geographic Press, 1948).



NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

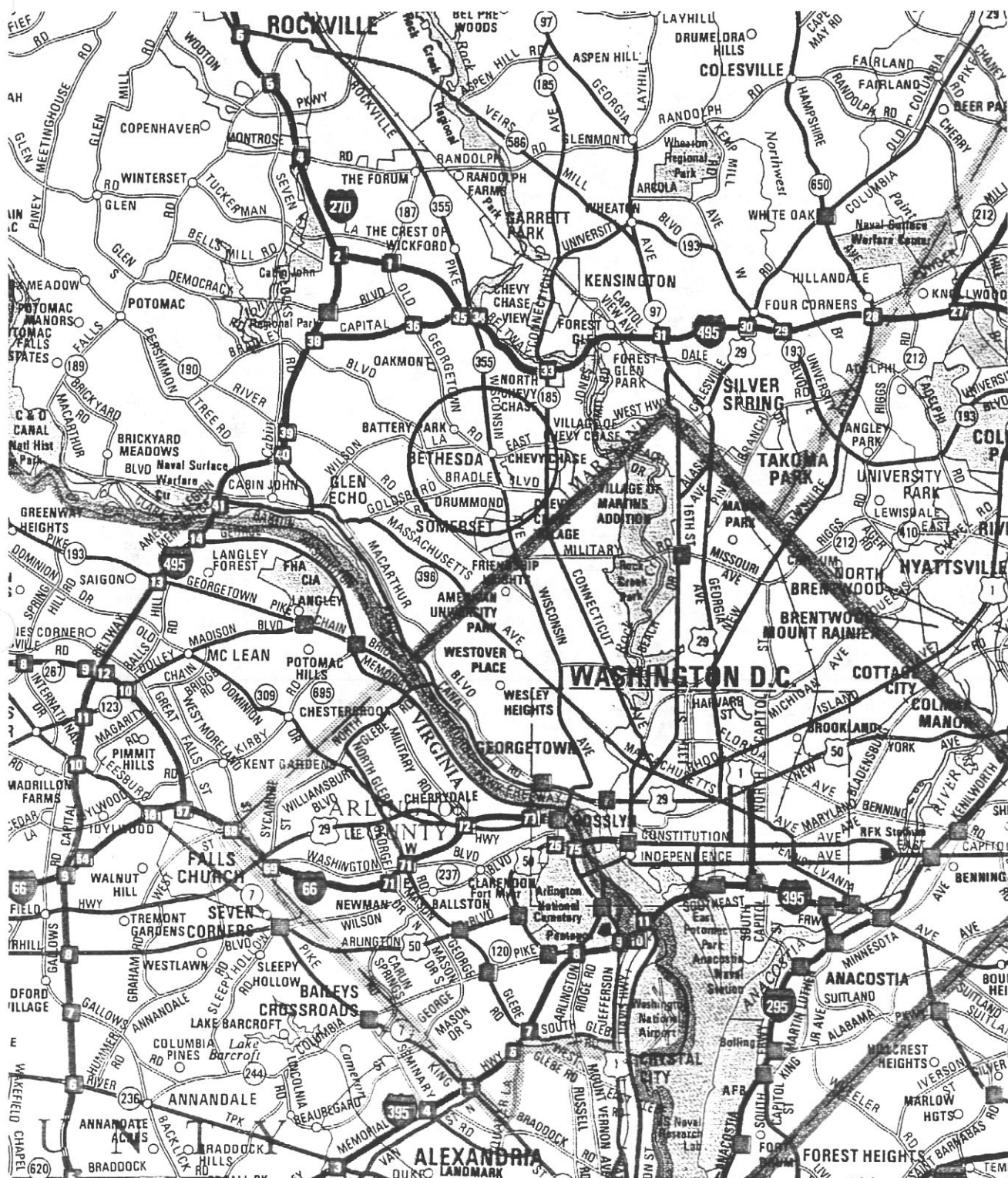


Figure 3.2 - Location Map

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

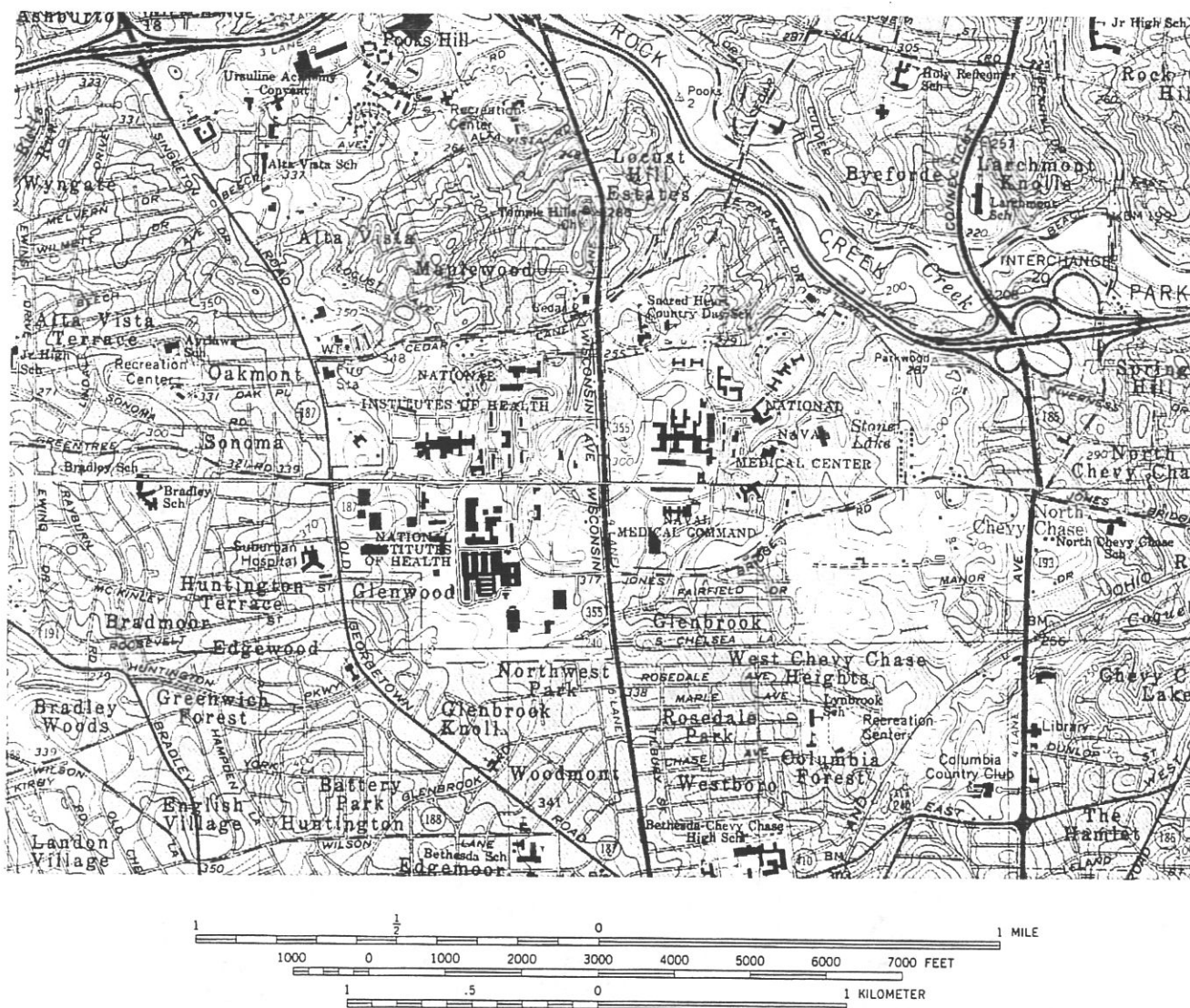


Figure 3.3 - USGS Map

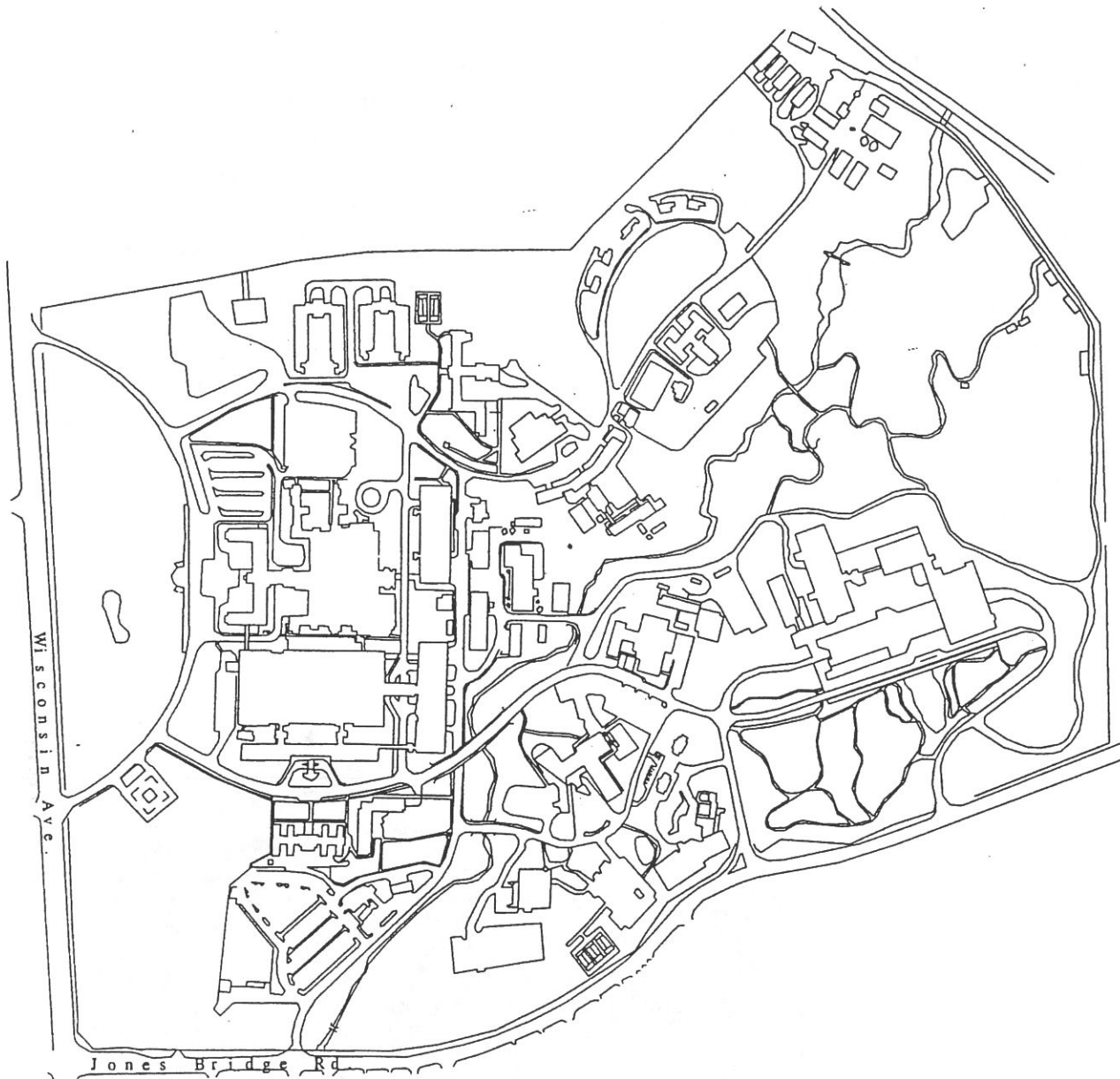


Figure 3.4 - Site Map










Soils

NNMC lies within the Piedmont which consists of mostly well drained, nearly level to moderately steep, loamy soils that developed in materials weathered from micaceous schist and micaceous gneiss. A soils map (Figure 3.5) delineates the boundaries of each kind of soil at NNMC. The soils on NNMC fall under one of four soil series: The Ashe, The Ashe Variant, The Glenelg, and The Occoquan series. Descriptive information about the properties of these soils appears below.

The Ashe series consists of moderately deep, somewhat excessively drained soils found on the uplands on the Piedmont. They formed in materials

weathered from gneiss. Slopes range from 0 to 25 percent (Figure 3.6). In a typical profile, the surface layer is dark yellowish brown loam about 4 inches thick. A subsurface layer from about a depth of 4 to 8 inches is yellowish brown loam. The subsoil, from a depth of 8 to 22 inches is yellowish brown and strong brown loam. The substratum between depths of 22 to 30 inches is gneiss saprolite which is very hard and brittle in place but crushes to sandy loam. Bedrock, below a depth of 30 inches, is light olive-brown rippable micaceous gneiss. The soil is strongly acidic to very strongly acidic throughout, except where limed (Soil Conservation Service, 1986).

LEGEND

-  Ashe - Ashe variant loam
3-8% slope
-  Glenelg silt loam
3-8% slope
-  Glenelg silt loam
8-15% slope
-  Glenelg silt loam
15-25% slope
-  Occoquan - Ashe loam
8-15% slope
-  Occoquan - Ashe loam
15-25% slope
-  Urban land - Ashe complex
8-15% slope
15-25% slope
-  Urban land - Glenelg complex
0-8% slope
-  Urban land - Glenelg complex
8-15% slope

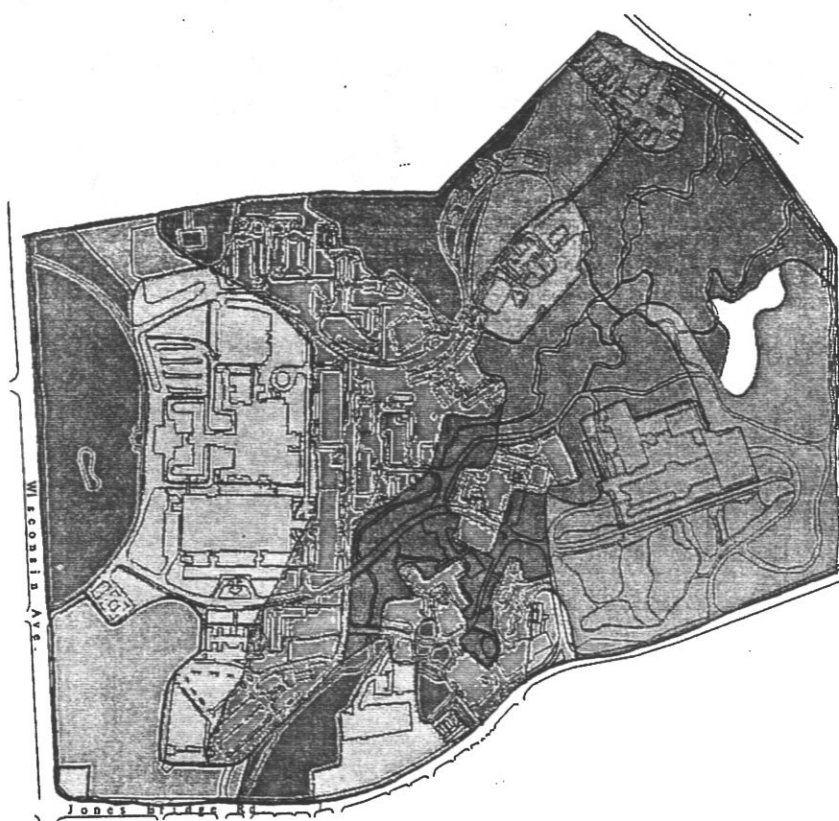


Figure 3.5 - Soils Map

The Ashe Variant series consists of shallow, somewhat excessively drained soils found on uplands of the Piedmont. They formed in materials weathered from gneiss. Slopes range from 2 to 15 percent. In a typical profile, the surface layer is dark yellowish brown loam about 3 inches thick. The subsoil from a depth of 3 to 16 inches is yellowish brown and strong brown loam. The substratum between depths of 16 and 24 inches is light olive brown gneiss saprolite that crushes to sandy loam but is very hard and brittle in place. Bedrock below a depth of 16 inches is rippable micaceous gneiss. The soil is strongly acidic to very strongly acidic throughout, except where limed.

The Glenelg series consists of very deep, well drained soils found on uplands of the Piedmont. They formed in materials weathered from micaceous schist. Slopes range from 0 to 25 percent. In a typical profile, the surface layer is dark yellowish brown silt loam about 6 inches thick. A subsurface layer from about a depth of 6 to 11 inches is strong brown silt loam. The subsoil, from a depth of 29 to 62 inches is yellowish red and strong brown micaceous loam and fine sandy loam. The soil is strongly acidic to very strongly acidic, except where limed.

The Occoquan series consists of deep, well drained soils found mostly on upland side-slopes of the Piedmont. They formed in materials weathered from

gneiss. Slopes range from 8 to 25 percent. In a typical profile, the surface layer from a depth of 4 to 10 inches is yellowish brown and strong brown loam. The substratum between depths of 42 and 60 inches is yellowish brown gneiss saprolite that crushes to sandy loam but is very hard and brittle in place. The soil is strongly acidic to very strongly acidic, except where limed. Table 3.1 contains descriptions of the soil types that are delineated on the Soil Map.

Hydrology

The prominent hydrological feature is the 100 year floodplain of Stoney Creek. The perennial flow in the creek is augmented with storm water from neighboring land. While flowing through NNMC, Stoney Creek is fed by overflow from the University Pond in front of Uniformed Services University of the Health Services. The creek feeds Rock Creek, the Potomac River and the Chesapeake Bay. Steep slopes edge most of the creek and allow for the existence of a vegetative buffer. In the woodlands, intermittent streams feed the mainstream of the creek during heavy rains. Development in these areas is restricted because of steep slopes, erodible soils, and the potential for flooding. A sediment dam was installed on Stoney Creek to mitigate sedimentation from stream banks and from construction runoff. An underground spring feeds a small freshwater pond named "Eleanor Lake", in the landscaped protected view in front of the Tower.





TABLE 3.1 - Soil Types of National Naval Medical Center

Soil Symbol	Soil Name	Description
1B	Ashe-Ashe Variant loam	Gently sloping soils on ridge tops and on side slopes. Most are moderately eroded. Permeability is moderately rapid where the soils are relatively undisturbed. Runoff is medium and the hazard of erosion is moderate. The available water capacity is moderate to low. Most areas are in woodlands. The potential productivity for trees is moderate for Ashe soils and low for Ashe Variant soils. The main limitation for trees on areas of Ashe Variant soils are the depth to bedrock. Seedlings should be planted in early spring, allowing them to obtain sufficient moisture from spring rains. Depth to bedrock and droughtiness are limitations for lawns and landscaping.
2B	Glenelg silt loam	3 to 8 % slopes. Moderately eroded. Permeability is moderate in undisturbed areas and variable in disturbed areas. Runoff is slow to medium and available water capacity is high. These are few limitations for building, landscaping purposes, or recreational uses except for slope. Land shaping and grading can overcome the slope limitation.
2C	Glenelg silt loam	8 to 15% slopes. Moderately eroded. Permeability is moderate but variable in disturbed areas. Runoff is medium and the hazard of erosion is moderate to severe. The available water capacity is high. Slope and the hazard of erosion are the main limitations for building and landscaping. Few limitations for paths and trails but slope is a limitation for most recreational uses including playgrounds.
3C	Occoquan-Ashe loam	8 to 15% slopes. Moderately eroded. Permeability is moderate to variable. Runoff is medium and the hazard of erosion is moderate to severe. The available water capacity is high in the Occoquan soils and moderate in areas of Ashe soils. Most areas are in woodland. Tree productivity potential is moderate to moderately high with few limitations for trees. Slope and the hazard of erosion are the main limitations for building and landscaping, and for recreation other than paths or trails.
3D	Occoquan-Ashe loam	15 to 25% slopes. Moderately steep, well drained Occoquan and excessively drained Ashe soils are found on side slopes and narrow ridges. Moderately eroded. Permeability is moderate to variable. Runoff is rapid and the hazard of erosion is severe. The available water capacity is high to moderate. Many areas are in woodland. Potential productivity for trees is moderately high to moderate. Slope and erosion hazards are limitations for buildings, landscaping and growing trees. Occoquan - Ashe loam soils should be avoided for buildings. Detailed sediment and erosion control is needed. Occoquan - Ashe loam soils should be planted in shrubs or vines rather than lawn.

TABLE 3.1 - Soil Types of National Naval Medical Center (continued)

Soil Symbol	Soil Name	Description
4C	Urban land-Ashe complex	8 to 15% slopes. Areas of urban land and excessively drained Ashe soils occur together. On NNMC 75% of these soils are occupied by buildings, streets, sidewalks, parking lots and other impervious structures. Permeability is moderately rapid to variable. Runoff is rapid and the hazard of erosion is severe. The available water capacity is moderate to very low. Slope and erosion hazard are the main limitations to building and landscaping. Slope and lack of open space are the main limitations for recreational uses.
5B	Urban land-Glenelg complex	0 to 8 % slopes. Areas of urban land and well drained Glenelg soils occur together. They are nearly level to gently sloping urbanized uplands. About 75% is occupied by buildings, streets, sidewalks, parking lots and other impervious surfaces. Permeability is moderate to variable. Runoff is rapid and the hazard of erosion is severe. The available water capacity is high to very low. There are few limitations for most building purposes. Slope is the main limitation for most recreational purposes where sufficient open space is available.
5C	Urban land-Glenelg complex	8 to 15% slopes. Areas of urban land and well drained Glenelg soils. They are strongly sloping urbanized side slopes. About 75% of the complex is urban land occupied by buildings, streets, sidewalks, parking lots or other impervious surfaces. Permeability is moderate to variable. Runoff is rapid and the hazard of erosion is severe. The available water capacity is high to very low. Slope and the hazard of erosion are the main limitations for building and landscaping. Slope and lack of open space are the main limitations for recreation uses.
Source: <u>Grounds Conservation Management Plan</u> , 1986. Soil Conservation Service, USDA.		

LEGEND

-  Water Areas
-  100 Year Flood Plain
-  Slopes 15-30%
-  Slopes > 30%

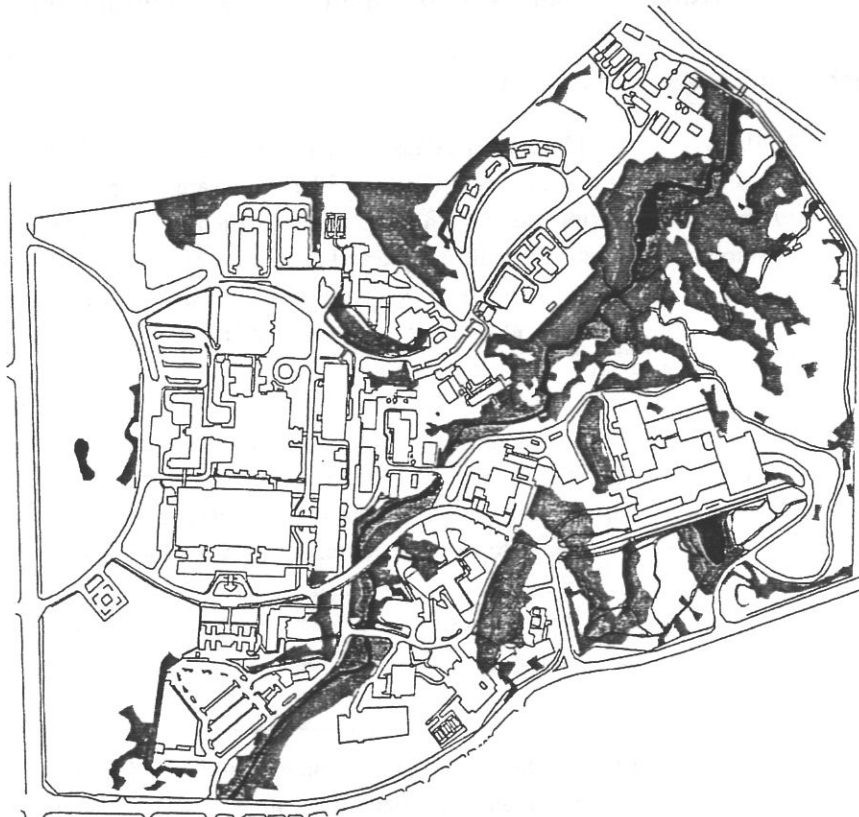


Figure 3.6 - Slope Map

CLIMATE

Temperature

The area experiences a humid, temperate continental climate. Summers are warm with an average temperature of 75 degrees Fahrenheit. It is not unusual to have temperatures in the 90 degree range in July and August with high humidity. In the winter the average temperature is 35 degrees with a daily minimum not normally below 15 degrees. January and February are usually the coldest months. The average growing season (the period from last frost of spring to first frost of fall) is 175 days.

Precipitation

The average annual precipitation is approximately 39 inches and occurs throughout the year. Slow, steady rains occur mostly in fall, winter and spring. Hot humid summers prompt thunderstorm activity which can include lightning, hail, locally heavy downpours, and flash flooding. The 1980's brought some of the hottest weather on record to this area. Drought and heat waves are common as is severe winter weather. The winter of 1993 was the coldest and most severe for the last 100 years. This was followed by one of the wettest springs on record and heat waves as early as May.

FLORA AND FAUNA

Flora

On the NNMC campus at present are about 24 acres of mature contiguous forest, in two groups of trees on the eastern half of the campus. There are an additional 20 acres of forest buffer, which serve to shield the campus from the noise and visual intrusion of Interstate 495. The dominant tree species in these 44 acres is the tulip poplar. Next in frequency are Red and White Oak, and there are also Beech and Hickory trees. Some of these trees appear to be about 100 years old, while others are from five to 10 years old. In the understory are mainly Red Maple, Norway Maple, and Dogwood. Shrubs include Japanese honeysuckle, Spicebush and Mutiflora Rose; ground covers are for the most part English Ivy, Mayapple, and ferns; vines include Grapevine and Honeysuckle.

This mix of flora is a result, in part, of the varied uses to which human populations have put in the area over hundreds, and probably thousands, of years. The dominance of oak trees in the forests here may reflect the value of the trees to European settlers and later European occupants, who selectively cut forests or otherwise encouraged the growth of oaks. Selection of oaks by Europeans is suggested by the fact that in similar environments in Montgomery County, maples and poplars comprise dominant climax tree species. Oaks were an important mechanism by which the Europeans made their environment more habitable. They provided cooling shade in the summer and in winter blocked winds that would have effectively lowered temperatures at places of dwelling and work areas. Native Americans also modified vegetative cover for their own purposes by selective burning of areas to promote growth of grasses and shrubs that attracted the wildlife they hunted, or were resources in themselves.

An additional 69 acres of the NNMC campus contain trees of more certain origin, those that were planted during the original development of the site in the 1940s or since that time. Such trees also moderate the environment, as noted above by shielding it from visual and noise intrusion, as well as by partitioning and so structuring human activity on the campus, and more generally by enhancing aesthetic qualities there. Introduced species include Cedar, Red Oak, Willow Oak, Tulip Poplar, White and Red Pine, Southern Magnolia, Saucer Magnolia, Maple, Cypress, Larch, and Spruce.

Fauna

The wetlands along Stoney Creek support a dense cover of grasses, brush, shrubs, and briars. Dominant species in mixed forest, open, and wetland environments are typically not limited to small birds and small upland animals, but include large numbers of deer and fox. The impingement of suburbia upon the project area, of course, has undoubtedly affected these numbers. Yet while no organized inventory of game species on the NNMC grounds has been made, deer are sometimes seen, and are known to make their way to the campus via the storm water culvert beneath I-495, according to the Draft Integrated Natural Resources Conservation Plan (Chalfont and Jarvinen, 1994:54).

Just prior to European settlement of the area, it is probable that grassy "parklands" were present at spots within forest cover. These were areas that for one reason or another had not been reforested after a period of cooler climate from around A.D. 900 to 1500. As mentioned above, purposeful burning by Native American groups of pre-climax vegetation was one reason for the continuing presence of these open areas. Grasslands were needed to support large herds of buffalo, and deer frequented the forested edges of these areas. Besides buffalo and deer, beaver, bear,

squirrel, turkey, quail, partridge, and migratory waterfowl would be found in such an environment. The nut-bearing trees of such a forest provided an important contribution to the diet of aboriginal inhabitants. Harvested nuts included acorns, hickory nuts, walnuts, beech nuts, and chestnuts. Berries such as strawberries, raspberries, and blackberries grew in the grassy interstices of the forest. A source for fish was Stoney Creek. Anadromous fish were an important prehistoric food source that could be trapped or netted near the mouths of larger streams and in the Potomac itself during seasonal migrations.

CIVILIAN LAND USE PLANNING

Montgomery County

The county is divided into planning sectors and NNMC is located within the Bethesda-Chevy Chase Planning Area. The Metropolitan Washington Council of Governments coordinates land use planning in the region and develops policies to solve regional land use and planning problems. The National Capital Planning Commission is the coordinating agency for federal projects in the National Capital Region. The Montgomery County Planning Board of the Maryland National Capital Parks and Planning Commission (M-NCPPC) is the agency responsible for land use planning in Montgomery County. The Planning Board has no authority over federal installations, however, master plans are referred to them for their review. As the Washington area has grown and land use demands have increased, the impacts of large institutions such as NNMC exceed their physical boundaries and coordinating with these various agencies becomes an integral part of the planning process (M-NCPPC, 1990).

The basic planning framework for Montgomery County dates from a 1964 plan "On Wedges and Corridors", which separated corridors of development

by open-space wedges, radiating out of Washington, D.C.. This was refined in 1969 with the "Updated General Plan". The Bethesda-Chevy Chase Master Plan approved in April, 1990, specified the following land use goals and objectives:

- Reconfirm the zoning for extensive single-family detached residential areas.
- Maintain and enhance residential communities along major highways and arterial.
- Maintain moderate-scale, community-oriented, mixed use development at various locations.
- Protect the environment, character, and cultural resources throughout the Planning Area, MNCPPC, 1990.

NNMC is surrounded by a mixture of residential, institutional and open space land uses. It is located within a mature developed community. Zoning is predominantly low-density housing with certain permitted land uses such as private educational institutions, hospitals, country clubs and philanthropic institutions. The Bethesda-Chevy Chase area also contains a limited number of high-density employment and neighborhood retail areas. Major arterials and highways serve the area. There are also numerous historic sites and public facilities.

NATIONAL NAVAL MEDICAL CENTER LAND USE PLANNING

NNMC Structure

NNMC is structured to include ten major, specialized, functional directorates. In addition to the primary mission of the hospital, a wide variety of health care, educational and medical research programs exist. They are carried out by seven major tenant commands (Table 3.2).

Table 3.2 - Major Tenant Commands

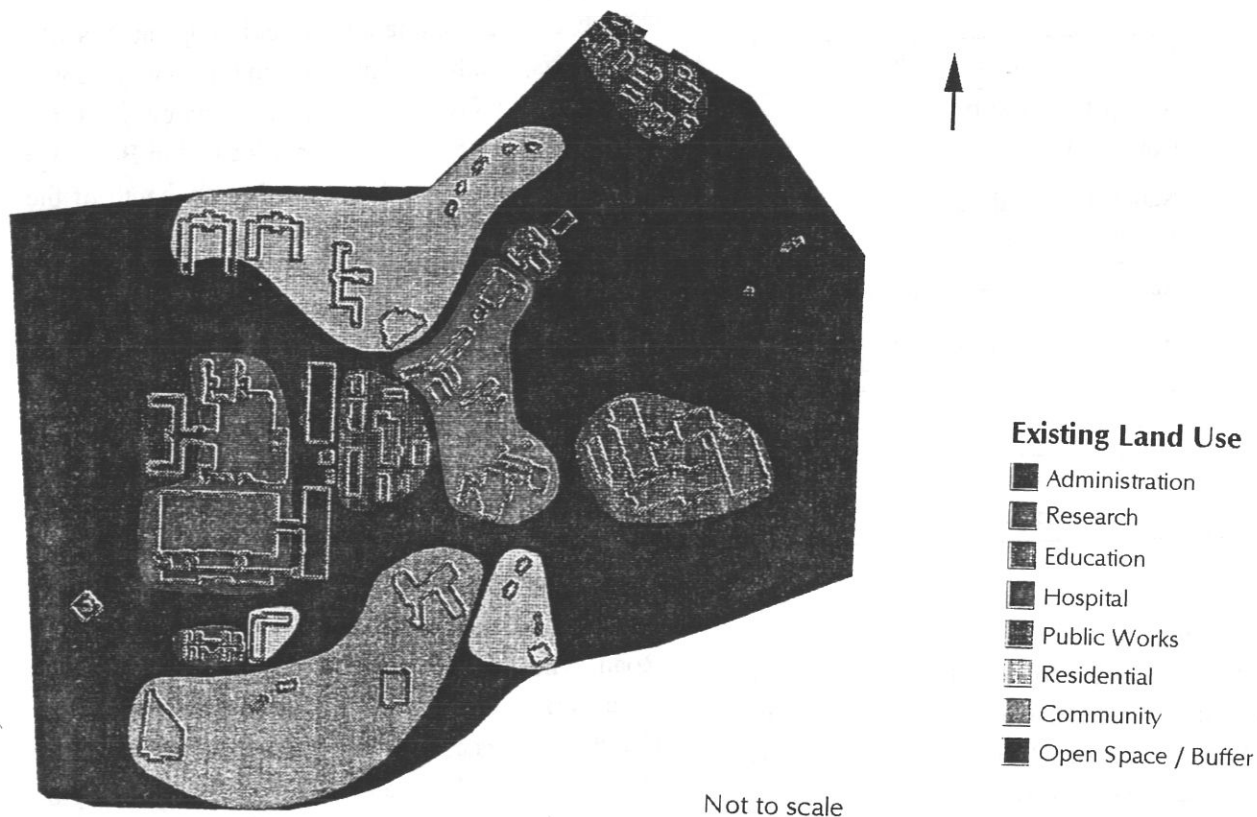
NNDC	National Naval Dental Clinic
NMRDC	National Medical Research Development Command
NMIMC	National Medical Information Management Center
NSHS	Naval School of Health Sciences
NMRI	Naval Medical Research Institute
AFRRI	Armed Forces Radiobiology Research Institute
USUHS	Uniformed Services University of the Health Sciences

NNMC Land Uses

Existing land uses (see Figure 3.7) include administration, research, education, hospital facilities, community facilities, residential, service/storage/operational, landscaped/view areas, natural buffer/open space, and parking. The land is fully utilized and the 1990 Master Plan Update addresses the future need for development by stating "the majority of available land lies in the eastern portion of the site, which exhibits some rough topography. The answer to accommodating future requirements lies in better, more efficient utilization of existing assets." The report goes on to say "The undeveloped eastern portion of the site should be reserved for long term future expansion. The area does have some limitations associated with topography, but given the value of government-owned, undeveloped land in the Washington metropolitan area, it must be considered for long term future development" (NNMC Master Plan Update 1990).

Facilities

There are approximately 75 buildings at NNMC. Buildings, roadways, parking and walkways cover 70.5 acres (Navy estimate). The majority of the hospital and clinic functions are located in Buildings 9 and 10. These buildings are directly south of the Tower Building, adjacent to Palmer Road South and near the helicopter landing area. The administrative commands are consolidated in the NNMC Tower, Building 1. The research complexes are located in two adjacent clusters in the center of the facility. The two major complexes are Armed Forces Radiobiology Research Institute and Naval Medical Research Institute. The Uniformed Services University of the Health Sciences (USUHS) also has a major research component. This complex is located in the rear of the NNMC site and is readily accessed from Jones Bridge Road. The education and training components are concentrated in the USUHS and the Naval School of Health Sciences complexes, (Buildings 70, 71, 72, 73 on University Road and Building 141 on Taylor Road), across from the senior officers' residences. Housing is located in three main areas; off Grier Road, located adjacent to the southern edge of the NNMC site are the Navy Lodge and senior officers' quarters are in the northern portion of NNMC is the bachelor enlisted quarters (BEQ, Building 11), the bachelor officer quarters (BOQ, Buildings 60 and 61), and the senior officers' residences, while the third housing site is a BEQ located in Building 50 on Palmer Road opposite of the installation.



Not to scale

Source: NNMC Electronic Master Plan 1990

Figure 3.7 - Existing Land Use

Service, Storage and Operational

The campus operations are run out of a service and storage complex located in buildings 13, 14, 15, 16, 20, 143, 155 and 252, situated directly east of the hospital parking garage. In building 14 the natural resources, cultural resources and recycling programs are directed. At the far northeast end of the campus are located the public works operations, including storage and maintenance of equipment, and roads and grounds maintenance.

NNMC uses, stores and inventories over 4,000 chemicals which are used in medical testing, treatment,

diagnosing and research. Handling of these routine chemicals is per Standard Operating Procedure. Hazardous waste, both chemical and biomedical, are stored and disposed to according to EPA permit. Storage of chemical hazardous waste is permitted in buildings 256 and the University. These materials are removed for disposal at an EPA regulated disposal site every 2-3 months. Biomedical hazardous waste is packaged and shipped out from the wards daily. Spill prevention control and contingency plans are in agreement with Montgomery County requirements.

Community and Recreation

The community and recreational facilities are located in the southwestern portion of NNMC. They include the Navy Exchange (building 57), the Officers' and Enlisted Clubs, the gym, the bowling alley, tennis courts and a softball field. There is a new Child Development Center now in operation on Stokes Road. Other recreational facilities include the pavilions (257 & 258), numerous jogging and exercise trails, and various picnic areas. A new recreational facility was proposed in the 1990 Master Plan to be located off Stokes Road, beside the bowling alley. An area of community garden plots has been cultivated by interested personnel for a number of years. They are located at the end of Taylor Road near the Roads and Grounds Department. (Springs, 1994).

Open Space

There are two main areas of open space. The first is a protected viewshed of the historic Tower (Building 1), a landscaped zone along the western boundary of the property along Wisconsin Avenue. The other major area lies on the eastern and southeastern portions of the site. This wooded area buffers the NNMC from the neighboring residential land uses and provides a variety of recreational opportunities.

Circulation, Transportation and Parking

Access to NNMC is possible from two entrances on Wisconsin Avenue, which in turn provide direct access to I-495 and the Bethesda-Chevy Chase vicinity. The southernmost of these two entrances has a traffic signal and is directly opposite the Medical Center Metro Station. From Jones Bridge Road, three entrances access the southern boundary of the property. The two westerly entrances have traffic signals. The level of congestion at all entrances has increased steadily over the years. Intersections on Wisconsin Avenue at Cedar Lane and Jones Bridge Road are rated "LOS F" (conditions are jammed). Traffic entering and leaving NNMC further congests this stretch of Wisconsin Avenue. The Metro

Station directly opposite NNMC provides alternative transportation services including Metro Rail, Metro Bus, and Montgomery County Ride-On Buses. The NNMC Helicopter Landing Area is situated at the southwestern end of the facility, near the southern Wisconsin Avenue entrance.

Bicycle access is possible on any of the internal roadways, although there are no separate paths or systems for bicycle transit within the campus. Montgomery County has proposed a bicycle path as part of its Master Plan of Bikeways. This path would run along Wisconsin Avenue. Pedestrian circulation is provided by sidewalks which line most of the main roads (CHESDIV, Naval Facilities Engineering Command, 1990).

Parking is available for 6,000 cars. Parking for outpatients and visitors is severely limited, affecting scheduling and utilization of outpatient clinics. Staff parking is also problematic and sometimes staff must compete with visitors and outpatients. Most staff drive their own cars. Car pooling and van pooling is growing and is being promoted as a solution to limit parking problems. As the Clean Air Act will limit the amount of cars which frequent NNMC in the future, alternative transportation will become more of a priority.

Grounds

Grounds are defined as all areas not occupied by buildings, pavements or other engineering structures. For the purposes of land use, the property of NNMC has been divided into three defined categories: improved grounds, semi-improved grounds, and unimproved grounds. Management requirements vary for each of these grounds categories and relates to degree of soil fertility, number of mowings required during mowing season, density and type of plant cover, use of the area, and appearance desired. Generally, improved grounds require the most intensive maintenance of the three

areas. Management activities for all three categories can be classified into recurring and non-recurring.

Recurring activities such as mowing the grass and shrub and plant maintenance require repeated effort at regular intervals. Though improved grounds generally require the most intensive maintenance of the three areas, specific critical areas that are prone to erosion often require more thorough care and maintenance. Non-recurring activities are implemented only once or on an irregular basis.

There are 186 acres of improved ground at NNMC. Improved grounds are defined as those areas which receive intensive horticultural development and maintenance care, and include mowed and landscaped areas. Examples of improved grounds include: lawns, parade grounds, flower/ornamental/shrub planting areas, drill fields, athletic fields, cemeteries, golf courses, and other areas.

There are 9 acres of semi-improved grounds at NNMC. Semi-improved grounds are defined as those areas which typically receive less horticultural development and maintenance care than improved grounds. Such care is usually provided to encourage a vegetative cover for the purpose of erosion control, critical area stabilization, and to eliminate fire hazards. Examples of semi-improved grounds include landing area aprons, road shoulders, waterways, drainageways and road ditches. The only areas classified as semi-improved are the stream banks on Stoney Creek from Jones Bridge Road to behind Building 21 (NMRI Animal House)(SCS, 1986).

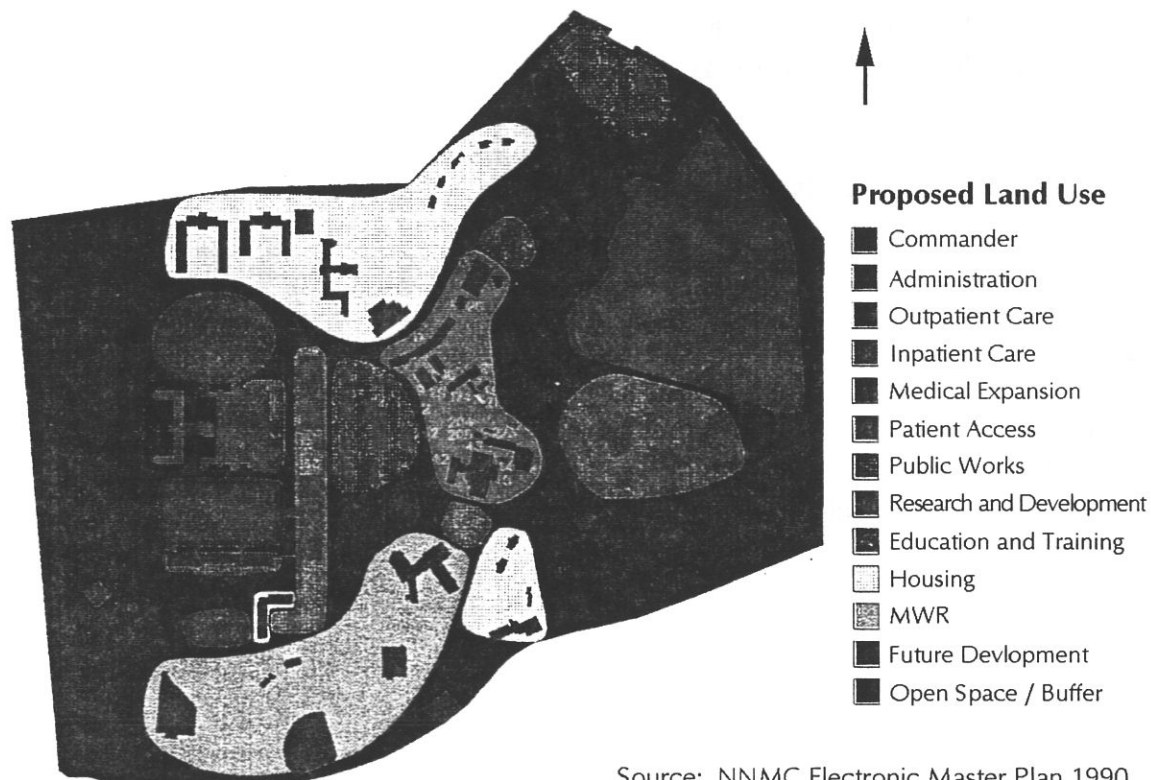
There are 48 acres (SCS) of unimproved areas at NNMC. Unimproved grounds are defined as those areas which are not considered either improved or semi-improved. Examples of such areas include: marsh lands, forests, or water and wildlife areas.

Future Land Use

Future land use will be driven by the needs of the host and tenant commands and the impacts of BRAC. Any extensive future development at NNMC is hindered by the lack of developable land and the density of development around the hospital. The majority of available land lies in the eastern portion of the site which exhibits some rough topography. To accommodate future requirements it is important to more efficiently utilize existing assets.

The proposed land use section of the NNMC Master Plan recommends consolidating functional areas to provide necessary interrelationships and improved flow, while maintaining a campus like setting. The Proposed Land Use Map Figure 3.8 shows the following long term land use strategies at NNMC:

- Hospital functions will continue to be located in the east-central portion of the site;
- Sites for long-term, future medical expansion are identified north and south of the main hospital core;
- The public works and maintenance functions will remain centrally located to the site;
- Medical research, development, and training functions will continue to be collocated and maintain their own identity;
- Continue using Housing and Morale, Welfare, and Recreation facilities to buffer the site from the surrounding community.



Source: NNMC Electronic Master Plan 1990

Figure 3.8 - Future Land Use

Capital Improvement Plan (CIP)

The CIP documents the military construction (MILCON) program for Navy Installations. Due to BRAC, changing resource levels and program assignments the CIP is an important planning instrument that allows NNMC to plan for future development on a specific scale. The CIP recommends development for specific areas of activity; indicates phasing for programmed projects for the medical center and its major tenants; and provides a project description for all programmed and

unprogrammed projects except for two previously programmed projects. 1.) The construction of a 450 vehicle parking structure and 2.) the construction of a drive thru pharmacy to provide NNMC with an alternative location to fill prescriptions.

Programmed Projects

At the present time NNMC has right sized their capacity and no future growth or development is planned.

LITERATURE CITED

Maryland - National Capital Parks and Planning Commission, 1990. Master Plan for Bethesda - Chevy CHASE.

National Naval Medical Center, 1990. Master Plan Update.

National Naval Medical Center, 1994. Integrated Natural Resources Conservation Plan.

Soil Conservation Service, 1986. Grounds Conservation Management Plan; National Medical Center, Bethesda, Maryland: United States Department of Agriculture.

SECTION 4

ARCHAEOLOGICAL LITERATURE REVIEW



INTRODUCTION

This section is based upon a search and review of the literature relevant to the archeological resources contained within the 242 acres of the National Naval Medical Center (NNMC). This section is a component in the preparation of a Phase I Historical and Archeological Resources Protection (HARP) Plan.

PURPOSE OF ARCHEOLOGICAL LITERATURE SEARCH AND ITS ROLE IN THE SUBSEQUENT COMPLIANCE PROCESS

Consideration of means by which to preserve archaeological and other cultural resources that might be affected by activities involving federal funding, permitting, or licensing is required by legislation, including Section 106 of the National Historic Preservation Act of 1966, as amended, and 5-623 (b)(2), of the Annotated Code of Maryland. This legislation requires that a search be conducted for cultural resources that might be eligible for inclusion on the National Register of Historic Places. If such resources are found, consideration must be given to steps that would mitigate potential negative effects (damage or disturbance of these resources). More specific to the case of NNMC, it is the policy of the Department of Defense (DOD) to integrate the archaeological and historic preservation requirements of applicable laws with the planning and management of activities under DOD control (DOD Directive Number 471C.1, June 21, 1984).

This archeological literature search is intended to convey information pertinent to archaeological resources at NNMC contained in existing documents. Such documents include primary documents, historic ones, secondary documents, and records of previous

archaeological investigations of relevance to NNMC. All such literature is described in detail below, in the section of this report entitled "Research Methods."

POTENTIAL SUBSEQUENT STEPS IN THE COMPLIANCE PROCESS

Archaeological Assessment

This literature search will also provide a good deal of the basis for a complete archaeological assessment of NNMC. Such an assessment would include on-site inspection of NNMC, as well as a predictive model of archeological resources, that is, rigorous statements, accompanied by maps, indicating areas where archeological resources are likely to be located. An archaeological assessment is a basis for all phases of the preservation process that might follow (Phase I: identification surveys, Phase II: evaluation of significance, and Phase III: mitigation of negative effects). It provides information needed in planning documents and in project design. It will, most importantly, indicate locations at which cultural resources are likely to be found in the project area. Design, and eventual construction, of project facilities might then be directed away from these locations, which would both remove the need for subsequent archeological investigations and preserve these resources. If construction must occur in areas likely to contain resources, phased investigations can be arranged in such a way as to not delay the overall project schedule.

Phase I

Phase I work is called for in locations identified in the assessment as being likely to contain cultural resources only if such locations will be disturbed by site development. Phase I investigations are intended to identify the presence and nature of prehistoric and historic cultural remains and to delineate archaeological sites. Sometimes it is possible to arrive at an evaluation of significance during Phase I research; often, however, Phase II investigations are needed to accomplish this. Phase I relies upon intensive documentary research (some of this having been accomplished during the assessment), inspection of the ground surface, and limited sub-surface investigation. Subsurface investigations are usually in the form of small (approximately one foot in diameter) holes dug with a shovel to a depth of 18 inches to two or more feet. Soil removed from the holes is carefully examined by screening it for cultural materials and by noting stratigraphy and soil characteristics. A few larger, more controlled excavation are sometimes employed.

Phase II

Phase II investigations involve larger sub-surface excavations, usually about 5 feet by 5 feet in size. The location of cultural material is observed or recovered and carefully recorded. Of particular importance is the soil context in which it is found. This context helps to determine the sequence in which artifacts and other material were deposited and the degree and kind of association between or among artifacts and other material remains of past environments (seeds, pollen, small bones, etc.). Such associations can, for example, provide information about climate during certain periods, diet of site inhabitants, and activities that have occurred at a site. From a Phase II investigation a final determination of site significance can be made. *Significance* has a special meaning in the preservation process; it refers

to significance in terms of the published criteria that might make a site eligible for inclusion in the National Register of Historic Places (which includes prehistoric sites).

Phase III

Phase III investigations are intended to mitigate the damage or destruction of resources judged to be significant by documenting them thoroughly. Phase III investigations require excavation of large areas and often a wide range of specialized analyses of material taken from the site in question. In principle, these investigations compensate for the loss of a cultural resource, usually a site, by capturing as much of the information it contains as possible.

Each successive phase is a more complex undertaking that requires correspondingly greater commitments of time and expense. Each also involves greater disturbance to cultural resources. Therefore, it is desirable to avoid locations very likely to contain resources during planning and design for site development, and even more desirable to avoid locations *known* to contain resources of likely significance. From a practical standpoint, however, decisions about avoidance versus undertaking more intensive archeological investigation often rest upon comparing costs, design aesthetics and functionality, and affect on project schedule.

RESEARCH METHODS

Research was conducted in the following ways:

- 1) A complete title search for the project area was performed at the Montgomery County Courthouse in Rockville; the Prince George's County Courthouse in Upper Marlboro; the Frederick County Courthouse in Frederick and the Maryland State Archives in Annapolis.

2) A review was conducted of the applicable general history of Montgomery County and where appropriate, state and national history, to determine historical trends and influences pertinent to this site, especially their relationship to human activities there.

3) Pertinent historic photographs, tax assessments, public works records, and municipal records were examined. Repositories of such records examined included the National Archives, Library of Congress, United States Geological Survey, Montgomery County Library, Montgomery County Historical Society, Montgomery County Court House, Maryland Hall of Records, and Maryland Historical Trust. Historic maps, including early insurance and early U.S.G.S. maps, and historic atlases were examined at the Montgomery County Historical Society Library and the Library of Congress. Other depositories of historic documents and maps, including the Enoch Pratt Free Library in Baltimore, Maryland, the Montgomery County Archives, and the University of Maryland libraries in College Park, were visited and a good deal of useful information was retrieved from these sources. The files of the Maryland National Capital Park and Planning Commission (MNCPPC) and Montgomery County Office of History and Archeology were useful and Dr. James Sorensen of that office provided information from the Historic Sites Inventory.

4) All previous archaeological research conducted in the project area and nearby, at prehistoric as well as historic sites, was reviewed. The Montgomery County Archaeologist and the State of Maryland Division of Historical and Cultural Programs were consulted as were local collectors. Sites within a two mile radius of the project area were identified, as recorded in state files.

5) Local experts in the history and prehistory of the area were interviewed, including the staff of the Montgomery County Historical Society, Inc. Library and Museum, especially Florence Howard, Jane Steen and Sheila Smith Cochran; Montgomery County Library staff; and Maryland State Archives staff.

All aspects of archeological investigations described in this report were conducted as suggested by the Standards and Guidelines for Archeological Investigations in Maryland (Shaffer & Cole 1994). In doing so, chronological development periods and research themes suggested in *The Maryland Comprehensive Historic Preservation Plan* (Weissman, 1986) were addressed.

The Maryland Division of Historical and Cultural Programs provided consultation and a copy of their most recent guidelines for developing context. Environmental information was taken from standard sources for such material, including the Montgomery County Department of Public Works.

SITE DESCRIPTION

The 242 acre project area is in Bethesda, Maryland, a suburb of Washington, D.C. that includes residential complexes, government office buildings, retail establishments, restaurants, and a notable number of well-known public and private research and development organizations. A small portion of the NNMC campus boundary, on the northeast, is adjacent to the northern arc of the beltway around Washington, D.C., Interstate 495. Wisconsin Avenue forms the eastern boundary of NNMC, and Jones Bridge Road the southern. The heart of the business district of Bethesda is approximately one mile to the south of the campus.

Although it is the site of numerous buildings and landscaped areas around these buildings, the NNMC campus is by no means devoid of archeological potential. Noted in the draft "Integrated Natural Resources Conservation Plan" for NNMC, for example, is that some portions of the heavily wooded stream bed of Stoney Creek appear to have been undisturbed in recent times, as evidenced by the presence there of trees perhaps 80 years old, including one pine that appeared to that report's authors to be approaching record size (1994:95). As will be more completely discussed in later sections of this report, even landscaped areas near buildings at the National Institutes of Health, located just across Wisconsin Avenue in an environment that, in most respects, is the same as that at the NNMC campus, have been found to contain prehistoric archaeological sites.

The project area is about three miles from the Potomac River at its closest point, and perhaps four miles from the fall line on the river. This is notable because some archeologists have hypothesized that large social groups, bands comprised of extended family groups, would gather seasonally during the Late Archaic (and perhaps other periods) at fall lines to harvest anadromous fish (see LeeDecker, et al, 1991:36-42). This would put the project area within easy distance for collecting trips made from more permanent camps at the fall line.

NNMC was commissioned at its current location in 1942. Some buildings and landscapes, in particular those associated with World War II events and personages, are now potentially eligible for inclusion in the National Register of Historic Places. Archeological resources associated with such buildings, landscapes, events, or personages might similarly be potentially eligible for the National Register.

REVIEW OF PREHISTORY

As Pousson (1987) has said, "Local variations among the archeological cultures of the [mid-Atlantic Coastal Plain] are, in fact, often difficult to detect prior to the manufacture of various types of pottery, beginning about 1,000 B.C." This is a useful statement because it explains why broad regional chronologies of the sort presented below are often applicable to small research areas like the NNMC campus.

The statement also holds an important implication, that before peoples settled into a more sedentary type of life, which they did at about the time pottery became commonplace in the mid-Atlantic, groups probably foraged over very wide areas in search of the foods and materials necessary to life. That is, the reason for the lack of local variation in the archeological record is likely because groups ranged widely, from one locality to the next, depositing items from the same set of cultural materials as they went. This would have been done according to a seasonal schedule; groups, sometimes splitting into smaller ones, sometimes coalescing into larger, exploited niches as food and materials became available at specific times and places during the year. This is a pattern familiar to anthropologists throughout the world who have studied the activities of foraging peoples.

Prehistory and paleo-ecology are bound intimately together in the thinking of contemporary archeologists. The focus of much of this thinking has been the construction of various models of past land use. Models that deal with the mid-Atlantic Coastal Plain will be mentioned here. Most are taken from areas similar to the survey area, or areas very close by.

The Paleo-Indian Period (12,000 to 7,500 B.C.)

The earliest and the least understood period of human occupation throughout the New World is known as the Paleo-Indian period. Dates for this period are given variously as being between 9,500 or 12,000 to 7,500 or 8,000 B.C. The most remarkable characteristics of this cultural period are the association of Paleo-Indian cultural material with extinct forms of late Pleistocene mega-fauna, or "big-game:" camels, sloths, extinct forms of horses, extinct forms of bison, and mammoth. Diagnostic cultural material of this period are fluted, lanceolate projectile points. These points are generally of such fine material and so beautifully made that periodically someone suggests that the points were created as much for their aesthetic as functional properties.

Paleo-Indian sites were first discovered in the western United States. At many Western sites, Paleo-Indian points and other stone tools are found both in a stratigraphic context and in association with the remains of extinct mega-fauna. Soil conditions are different in the East than those found in the West; usually, they are moister and more acidic in the East. Consequentially, remains of extinct mega-fauna are most often not preserved: Steponaitis states that "...there is not a single site in the Eastern Woodlands which has yielded evidence of Pleistocene fauna in unambiguous association with artifacts" (1980:19). Also, it is rare to find Paleo-Indian material in stratigraphic context.

Eastern archeologists are more likely than their counterparts from the West to emphasize the importance of plants, and of animals other than mega-fauna in the diet of the Paleo-Indians. This idea is appealing: other food resources were available and could have been obtained with the technology we know the Paleo-Indians to have possessed. There is also some material evidence to support this position,

perhaps most notably the findings at the Shawnee-Minisink site along the Delaware River in the Upper Delaware Valley (McNett 1985). Exploitation of a wider range of resources, particularly those associated with an aquatic environment, lends weight to speculation which has been made that fewer Paleo-Indian sites have been found in the East than the West because, in part, some of those in the East have been inundated by the rise of the sea level in the post-Pleistocene.

The late Pleistocene environment was generally cooler and dryer than now, with more grasslands. Settlement models are keyed to activities which may be deduced from Paleo-Indian material culture recovered from various sites. This material and ethnographic analogy together suggest that Paleo-Indians were nomadic, ranging over a wide area. Various sites have been interpreted as base camps, hunting camps, and quarrying sites (for high-quality lithic material from which to create the finely-worked stone tools). Gardner (1977) and Goodyear (1979) have proposed that locations of high-quality lithic material not only determined locations of quarry sites, but also those of base camps. Gardner (1974) and others (Witthoft 1952; Funk 1972) have also proposed that upland sites were repeatedly inhabited because they offered a vantage point from which to observe migrating animals.

Humphrey and Chambers observe that the Potomac offered a route of migration between the Mississippi and Ohio Valleys and the coastal plain of the Atlantic (1989:10). It is likely, then, that the near environs of the Potomac were occupied as soon as humans moved into what is now the Eastern United States. This occupation became more intensive as technologies of greater sophistication were introduced that enabled the exploitation of increasingly larger proportions of the resources to be found near the Potomac. Early on,

these technologies were for hunting and gathering. The classic Paleo-Indian (the earliest cultures for which dates have been firmly established in the New World) sites of the western United States displayed a remarkable dietary reliance by the inhabitants of these sites on a few species of very large animals. In eastern riverain valleys there were very likely many more species of animals and plants that were obvious sources of food or that could be utilized in other ways than on the western plains. The environment would have encouraged in this way a more varied approach to subsistence compared to that practiced in the western part of North America even from the beginning of the human presence in the east.

Archaic Period (8,000 to 1,000 B.C.)

This culture period covers a great amount of time and very substantial cultural change. It is traditionally divided into three sub-periods: Early, Middle, and Late. These and the numerous sub-divisions of these three sub-periods that have been devised will not be individually described in great detail here. The most important trend during this period was the exploitation of a growing diversity of resources by means of increasingly sophisticated technologies. In the Potomac valley over several thousand years following human entry we see the construction of fish weirs and the fabrication of other tools (such as nets and sinkers) with which to acquire fish and other aquatic life, the development of a wide variety of projectile points (the collective term for spear, atl, and eventually arrow points) suited to the hunting of different sorts of animals, and the appearance of devices with which to process wild grains, seeds, and nuts, like the mortar and pestle.

In all probability, the geographical range of individual populations during the Archaic was smaller, and more seasonally defined, compared with the range of human groups in Paleoindian times. While deer is best

represented in faunal collections as a game animal, shellfish and fish became the focus of food procurement activities during the Late Archaic.

The archeological data from the Archaic documents the increasing orientation of human prehistoric populations to riverain environments, a trend which continued through Late Woodland times. This orientation probably began in the East in the Paleo-Indian period, although enough of these sites have not yet been discovered to lend conclusive weight to this argument. Climatic shifts during the Archaic apparently precipitated shifts in strategy to specialized exploitation of inland micro-environments during wetter periods, and back to the Coastal Plain, rivers, and major tributaries in dryer periods. At all times, though, small upland streams provided diversity to the diet of Archaic populations. The remains of small hunting or fishing camps, reoccupied many times, are very likely to be found today in these areas, particularly those which date to the Late Archaic period. Populations with access to estuaries and large rivers, and therefore shellfish and fish, were probably those which first utilized pottery, the hallmark of the following, Woodland, period.

Woodland Period (1,000 B.C. to A.D. 1600)

Like the Archaic, the Woodland Period is usually divided into Early, Middle, and Late segments. The defining characteristic of the Woodland is the use of ceramics. Arguably as important, almost certainly related, but evidently not exactly contemporaneous with the development of ceramics in the mid-Atlantic is the cultivation of crops. A transitional period from Archaic to Woodland included what is called the Fishtail Tradition, during which steatite bowls and then ceramic vessels imitating the steatite bowls were manufactured. This tradition dates from 1500 to 750 B.C. Like the Late Archaic, this transition period had a strong riverain orientation.

Across North America, the use of ceramics has been found to be in association with crop cultivation, a less nomadic existence which accompanies this, and a resulting increase in population. While the Early Woodland in the mid-Atlantic is associated with ceramics, the other characteristics of this period found commonly in other geographical areas are more problematic here. McNett and Gardner (1971) claim population increase and sedentism for the Early Woodland (as is found elsewhere), but Steponaitis reports that cultigens have as yet not been found in clear association with the Early Woodland (Steponaitis 1980:30). Nonetheless, by Middle Woodland, cultivation is established in the archeological record. Crops such as maize and squashes arrived in the area from the vicinity of Mexico. Local plants like sunflower, goosefoot, pigweed, and marsh elder were also domesticated (Humphrey and Chambers, 1989:17). By Late Woodland, large populations inhabited villages along estuaries and major rivers like the Potomac.

Rivers and small tributaries were exploited on an occasional basis throughout the Woodland. Camp sites from the Early Woodland, in particular, are likely to occupy the same locations on small upland streams as do camps from the Late Archaic.

Historic observation tends to confirm the prehistoric chronology presented here in the Potomac Valley. William Henry Holmes noted in 1897 (quoted in Humphrey and Chambers, 1989:4), after a survey of the archeological sites in the Washington D.C. area, that, "Partly within the city limits and extending up the Potomac to Little Falls, we have a great native fishing ground surrounded by a multitude of inhabited sites from which our collectors have filled their cabinets with curious objects of art. The spot now the political center of the nation was thus in prehistoric times a chief resort of the native peoples of the

region." In 1632, a British fur trader named Henry Fleet wrote of a Native American settlement that had been in existence for some time before he chanced upon it, one located "two leagues short of the falls," placing it in about the present-day location of Georgetown. Fleet referred to this village as "Tahoga" in his writings (Bergheim, 1992:149). Many other villages were located along the length of the Potomac, some of which were large and fortified with palisade

Recorded Prehistoric Sites in the Vicinity of the Project Area

Appendix A presents a listing and brief description of prehistoric sites that have been found within a two mile radius of the project area. Note that most are on hills or slightly elevated areas near second or third order streams and contained quartz tools identified as being, or likely to be, from the Late Archaic or Early Woodland periods.

The most thoroughly investigated of these sites, and the most informative, is located only several hundred feet from the boundary of the NNMC. Called the Taylor site (18MO243), it was found on the National Institutes of Health campus, located between Wisconsin Avenue and the National Library of Medicine, and appeared to be about 600 feet long by 200 feet wide. A great deal of prehistoric artifactual material was recovered. Most plentiful were what is known as "debitage," debris left over from the manufacturing of stone tools. Stone of the proper sort was shaped prehistorically into tools by means of percussion and pressure. The raw stone material was struck with another stone, often a cobble that fit comfortably in the hand, or with a length of antler. The fine work of shaping and sharpening was carried out by applying pressure at rough edges with the point of an antler or a stick. Unusable material that shattered from the stone being worked is classified by

archeologists as debitage. Such debitage constituted 72% (numbering 730 items) of lithic artifacts taken from the 450 one cubic foot shovel test pits (STPs) spaced at ten foot intervals across the suspected area of the site. Less numerous (248, or 24%) in the 450 STPs were flakes of lithic material that may have been used as rude tools. Many formal tools, for the most part projectile points (usually spear and sometimes arrow points), were recovered from these initial STPs, 39 in all (4%). Because so much material of interest was found, additional STPs, 64 of them, were excavated near the most productive of the initial STPs.

Finally, 10 six foot by six foot squares (excavation units, or EUs) were excavated. Findings in the 450 initial STPs, the 64 supplementary STPs, and the 10 six foot by six foot squares are summarized in Table 4.1.

The high percentage of lithic material that might have been used as rudimentary tools, the relatively large number of unmistakable tools, and the absence of cultural features like firepits or hearths, storage pits, trash pits, graves, or any indication of shelters suggest that the site was one of animal and plant procurement and processing, not of habitation.

Of the many projectile points recovered at the site, by far the most numerous (26) were the "Piscataway" type, followed in frequency (6) by the "Calvert" type.

Both of these kinds of projectile points date to the transition between the Late Archaic and the Early Woodland periods at 3,000 B.P. Other points found were of the sorts called "Fox Creek" (3, from the Middle Woodland Period), "Jack's Reef" (2, Middle Woodland), "Selby Bay" (3, Middle Woodland), a single triangular Late Woodland point, and a point of an undetermined sort. Two drills that might be resharpened triangular Late Woodland points were also recovered.

Most lithic artifactual material was of quartz, with rhyolite next most common, then slightly less quartzite, much less chert, and hardly any sandstone and jasper. By far, most points were made of quartz.

Small in number but of interest because of the dependable dates of site occupation they provide were several fragments of pottery. These were of two sorts: One sort found at the Taylor Site is known as "Accokeek" pottery, a variety made about 2,700 B.P. The other kind of pottery, known as "Mayaone," was fabricated approximately 500 B.P.

Thus, the Taylor Site appears to have been a procurement and processing locale, most frequently visited during the Late Archaic/Early Woodland, around 3,000 B.P. Small upland streams were typically heavily exploited during this time period. Intermittent exploitation of the site continued by prehistoric populations until at least 500 B.P.

**Table 4.1 - Lithic Artifacts Recovered During Phase II Investigation
Taylor Site, National Institutes of Health**

	Cultural Flakes		Debitage		Tools		Total	
	#	%	#	%	#	%	#	%
Initial 450 STPS	248	24	740	72	39	4	1,027	100
64 STPs	73	45	89	55	1	1	163	100
10 EUs	1,020	54	822	43	51	3	1,893	100

Information is extracted from archeological sites largely by virtue of context. The spatial relationships among items of cultural material and among this material and other environmental features provide whatever meaning and therefore significance a site might hold. In the case of the Taylor site, such context has been compromised to some extent. The soil in which the cultural objects were found had been disturbed, apparently by colluvial soil movement. Soil erosion was probably exacerbated by occasional flooding of the nearby stream. In most locations within the site, artifacts from all time periods, from 3000 B.P. through 500 B.P. to the nineteenth and twentieth centuries, were found mixed together. Despite the fact that the excavations of the site yielded important information about the prehistory of Montgomery County, and even the mid-Atlantic Piedmont, the site was not nominated to the National Register of Historic Places. Because of the disturbance at the site, and the fact that no cultural features--firepits or hearths, storage pits, trash pits, graves, etc.--were found during Phase I, II, or a partially completed Phase III investigation, the site was not thought by archaeologists to be likely to yield any further information of importance to prehistory.

Of note here is a statement by the lead archaeologist for the Phase I and II investigations at the Taylor Site: "Taken altogether, it appears from the artifacts found by Mr. Taylor [the amateur archaeologist after whom the site was named] that there is a substantial amount of prehistoric cultural material at several locations on the extensive NIH grounds" (Koski-Karell, 1986:31). There is little reason to think that this statement would not apply quite as well to the NNMCMC grounds, just across Wisconsin Avenue.

REVIEW OF HISTORY

A complete title search was conducted for NNMCMC. Appendix B shows the results of that survey in outline form. The results of the title search as well as other documentary research pertinent to the history of the NNMCMC is incorporated below into the chronological/development periods that have been established for the state of Maryland in the Maryland Comprehensive Historic Preservation Plan.

Contact and Settlement Period (1570-1750)

The earliest evidence of European contact in the region suggests that Captain John Smith (Figure 4.1) explored the Potomac as far upstream as Little Falls in 1608. In June 1632, a charter was granted to Cecil Calvert (Lord Baltimore) from King Charles I for the land north of Virginia. It was named Maryland, after Queen Henrietta Maria, and the first settlement was at St. Mary's City in March 1634. The Lords Baltimore had the authority to dispose of land in Maryland in any manner. A process was established that included the granting of the land, the recording of such transactions and the collection of fees. A settler paid the purchase price, or "caution money," and received a warrant for the land. Next the land was surveyed and a title or patent was presented to the purchaser. The purchaser or patentee then chose a name for the property and it was recorded (Cramm, 1987:18).

European settlement at the end of the seventeenth century clustered along the shores of the Chesapeake Bay and the Potomac, Patapsco and Patuxent river valleys within the tidewater. The Piedmont area to the west of the fall line was frontier and occupied only by Native Americans and a handful of European trappers (Cramm, 1987:18). The 1670 Augustin Herrman map of Virginia and Maryland (Figure 4.2) shows no settlement of the area that is now the NNMCMC campus in Bethesda, which would have been north of the

location on the Potomac River identified on the map as "Patowmeck falls."

Charles County was created in 1658 and embraced the land north and west of St. Mary's in response to a growing population. In 1692, the General Assembly moved the seat of government from St. Mary's to Annapolis. By 1695, with the population extending

even further to the north and west, a new county called Prince George's was created. Its boundary on the western side was as far into the uncharted wilderness as the authority of the Lord Proprietor of Maryland extended (MacMaster & Hiebert, 1976: 7). A principal reason for the relocation of the capital was to make it more accessible to the rest of the colony as the population was increasing.



Figure 4.1 - Detail of Captain John Smith map of 1612.

Rural Agrarian Intensification (1680-1815)

By the beginning of the eighteenth century, land grants were being made by the proprietor in the area now known as Montgomery County. In 1714, a 772 acre parcel of land named Clagett's Purchase was surveyed and on April 10, 1715 it was patented by Thomas Fletchall, planter of Prince George's County. (RY #1 296). This parcel included the entirety of what is now known as the National Naval Medical Center (Figure 4.3). The patented land was described as "situated west of Clean Drinking and south of Leeke Forest. The Georgetown Turnpike crosses the tract from the branch below Bethesda Church, to nearly its intersection with the Old Georgetown Road." It was one of the earliest land grants in what later became known as Bethesda.

Fletchall was a major landowner in early Prince George's (later Montgomery) County. He was, between 1713 and 1716, granted 2964 acres in Prince George's County including, in today's District of Columbia: "Lancaster," "Gleanings," and his 600-acre dwelling plantation, and "Widow's Mite." "Clagett's Purchase," "Jacob," "Huntington," "Fletchall's Chance," and "Fletchall's Garden" were in present Montgomery County. He also had a partnership with Charles Beall for 1786 acres of land, mainly in what is now Bethesda (Cochran 1988, p. 12). Maryland patent records indicate that Fletchall came to Maryland in 1676, probably from Scotland.



Figure 4.2 - Detail of 1670 Augustin Herrman map of Virginia and Maryland.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

In 1716, Fletchall sold Clagett's Purchase to Thomas Clagett, gentleman of Prince George's County, for 15,000 pounds. The land was described as located on the ridge between the branches of Rock Creek and the Potomac River near a great rock; containing 772 acres. Fletchall died in 1717, just one year later.

While previous histories of the National Naval Medical Center have stated that the land was originally part of other early patents in the vicinity known as "Leeke Forest" and/or Clean Drinking Water. Recent research by Florence Howard and Shelia Cochran of the Montgomery County Historical Society has definitively placed the entire NNMCM tract within the 1715 patent of Clagett's Purchase.

Thomas Clagett, Sr., gentleman of Prince George's County made a deed of gift to his son Thomas Clagett, Jr., planter of Prince George's County in 1724. It was for 200 acres of Clagett's Purchase called Father's Gift.

As more settlers moved into the area, lands in the project vicinity were resurveyed and began to be divided and sold in smaller parcels. The lands were then farmed by tenant farmers and later sold in smaller pieces to the tenant farmers or other settlers. The 1751 Joshua Fry and Peter Jefferson map shows Rock Creek close to the project vicinity (Figure 4.4), but apparently the mapmakers knew of nothing else on the landscape worthy of demarkation.

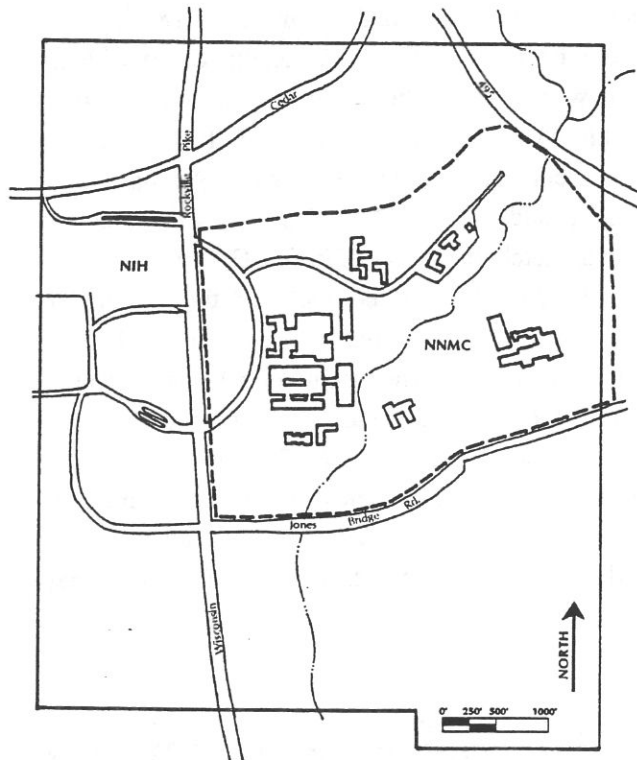


Figure 4.3 - Map of original land grant, Clagett's Purchase superimposed over modern map.

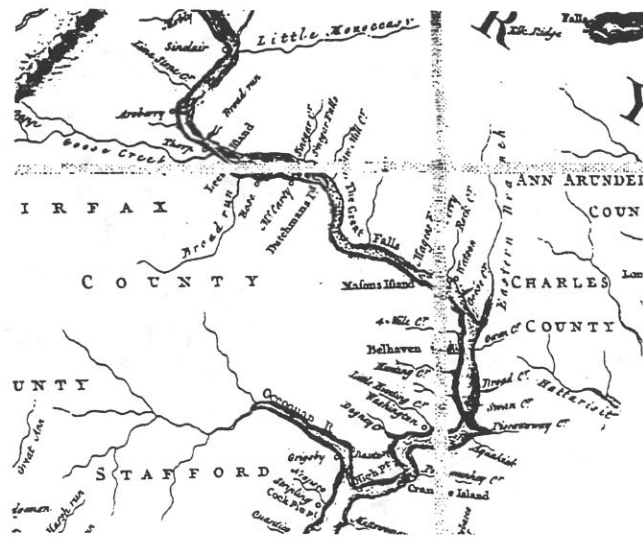


Figure 4.4 - Detail of 1751 Fry and Jefferson map showing NNMCM project area.

Tobacco was the mainstay of Montgomery County throughout most of the eighteenth century. The Potomac River and the River Road allowed the tobacco crop to reach the port at Georgetown for shipment overseas. The river road was one of the first land transportation routes to the interior lands of the Piedmont.

The early history of the project area is typical in that the earliest owners were absentee and secured tenants to clear and plant the land for them. These tenant farmers were true pioneers, working hard to survive. The term plantation referred to the cleared, planted area of the farm which was at first only a few acres surrounded by woodlands. It was a heroic effort to clear the land, erect the buildings, develop the roads, plant the orchards and farm the land (Cramm, 1987:18). As the century passed, economic progress was evident. According to Cramm, by 1750 only 67 percent of the settlers were considered poor whereas in 1710 fully 84 percent had been classified as poor.

In 1748, Prince George's County was divided and the area now known as the NNMC became part of Frederick County. As settlement increased and the population swelled, Montgomery County was formed in 1776 and named for Major General Richard Montgomery, the Revolutionary War hero. At that time it was divided into 11 "hundreds." According to Everett B. Wilson, what is now Bethesda was located in the Lower Potomac Hundred (n.d.: 13).

The 1783 Tax Assessment for Clagett's Purchase reveals that the original land grant had by that time been divided into four parcels: 1) Robert Peter, 286 acres, value 450 pounds. 3 old houses, 2 tobacco houses, & etc. 150 acres cleared land, 5 acres meadow. Soil good. (Note: This piece is on the west side of Wisconsin Avenue where N.I.H. is now located and thus is not part of our present study area).

- 2) John Clagett, Sr., 277 acres, value 207 pounds. 1 dwelling house, 24 x 24, 1 barn and other outhouses. 250 acres cleared land. 6 acres meadow. (Part of this parcel is within the present boundaries of the NNMC).
- 3) Charles Jones, R.C., 150 acres, value 200 pounds. 1 dwelling house, 24 x 16, kitchen, 2 tobacco houses, 3 quarters. 140 acres cleared land, 4 acres meadow, good orchard. (This property is probably all within the present boundaries of the NNMC).
- 4) Aaron Lanham, 50 acres, value 50 pounds. 1 negro quarter, barn and corn house. Mostly all cleared, worn and worked. (This property is not within the present boundaries of the NNMC).

The 1794 Griffith Map shows a local road, later known as the Rockville Turnpike, near the project area (Fig. 4-5).

During this period, the land now known as the National Naval Medical Center was part of the agricultural economy of the county. Farmers held onto their land, improved it, and added to it when times were good.

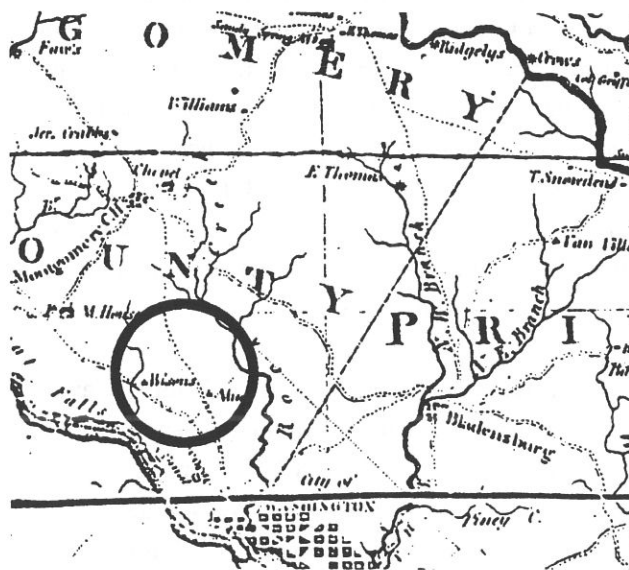


Figure 4.5 - Detail of 1794 Griffith map showing NNMC project area.

Agricultural - Industrial Transition (1815-1870)

In 1828 the Baltimore and Ohio Railroad and the Chesapeake and Ohio Canal projects were begun. The benefit to the project area was substantial. Montgomery County remained agricultural and continued to be linked to Georgetown and grain markets by the River Road, the canal and the railroad.

Throughout Maryland at this time similar internal improvements were being made. Even in 1796 private corporations had been organized that would build turnpikes to link towns in Maryland and nearby states (Durrenberger, 1968). Among the many roads that were completed by the middle years of the nineteenth century were the Baltimore to Washington Road; the National Pike from Baltimore to Cumberland, Maryland; and connecting eastern Maryland to Pennsylvania, Bel Air Road. A local road, the Rockville Turnpike, now known as Wisconsin Avenue, was chartered in 1806 and completed in 1823.

Population increased in Montgomery County with the arrival of those eager to participate in the emerging industrial economy and as the older, plantation based economy began to wear down. Arrivals in Montgomery County included those who had left southern Maryland, with its land exhausted by years of intensive tobacco cultivation. Many of the newly established farms in Montgomery County were much smaller than the plantations had been, and most were 100 acres or less (City of Rockville, 1986).

Part of the land now known as the National Naval Medical Center was purchased by James Perry of Prince George's County in 1837. In 1857, an additional 85 acres was purchased by Samuel Perry from Rufus A. Moore (J.G.H. 6, Folio 243). Described as a large farm along the Rockville Pike, the farm passed to Samuel Perry (1801-1870) and his

wife Catherine Cissell. The old Perry house stood where the Straight home, opposite Bethesda Presbyterian Church, stood more recently. The first Perry house burned down about 1856 and was rebuilt. Part of the second house was part of the Straight family residence in the early twentieth century.



Figure 4.6 - Family group at Green Sod, Old Bohrer Home, now where Naval Hospital stands.

The Perry's daughter, Margaret C. married J. Louis Bohrer. Margaret inherited 261 3/4 acres (lot #1) from her father. The house where they lived called Green Sod (Figure 4.6), stood where the Naval Hospital now stands. A photograph labeled "Bohrer Farm, old slave quarters; now site of Naval Hospital" is in the Library of Congress (Figure 4.7). It shows a one and a half story stone building with a wood shingle roof and shingle gable ends. Two trees stand beside it and vines are growing up the sides. Although in obviously poor repair, the building appears to have been substantially constructed. The slave quarters appears to be located on a rise above open fields and was apparently in the vicinity of the present Naval Hospital tower.

The land on the east side of the present NNMCC was owned by the Hawkins family from the early nineteenth century through the Civil War.

The Civil War

Montgomery County was a slave holding county on the eve of the Civil War and many residents of the county held Southern sympathies. As the war developed, Montgomery County lay in a critical position between Federal and Confederate forces. Although no great battles were fought here, the armies marched and countermarched across the county (Figures 4.8 and 4.9). Presented in bare outline below, by year, are some of the more notable military actions in the vicinity of the NNM.

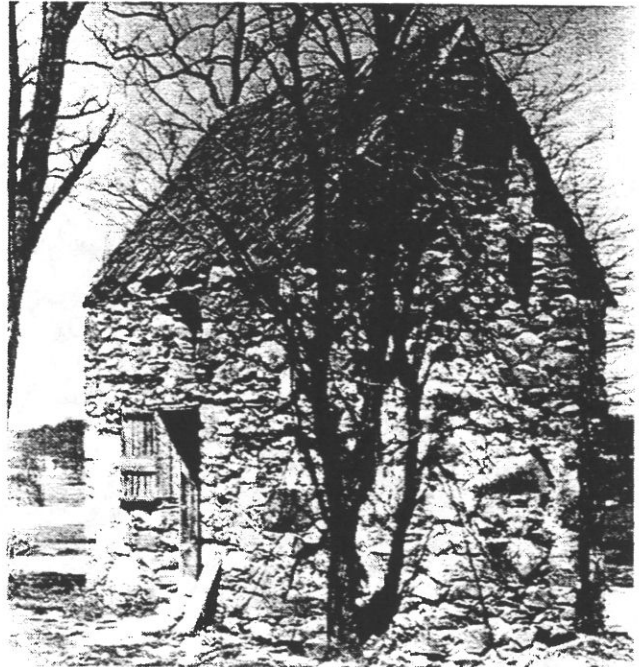


Figure 4.7 - Bohrer Farm Old Slave Quarters; now site of Naval Hospital. Library of Congress 004-060A.

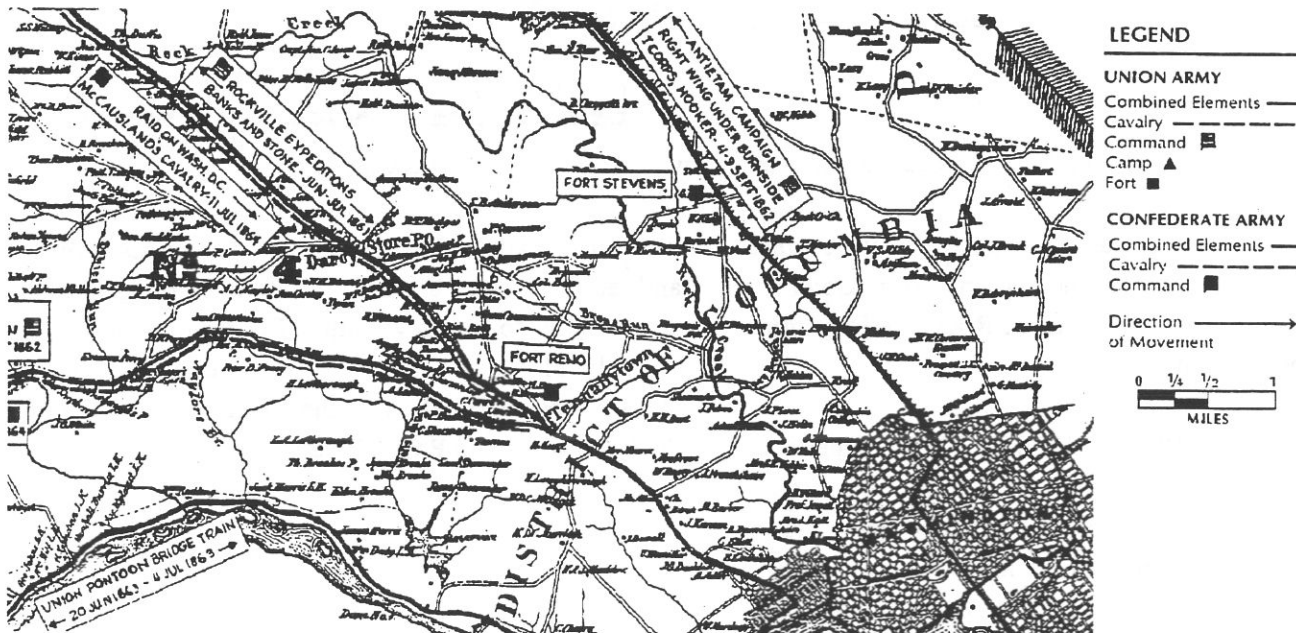


Figure 4.8 - Detail of map showing June-July 1861 and July 1864 Civil War troop movement in the project area.

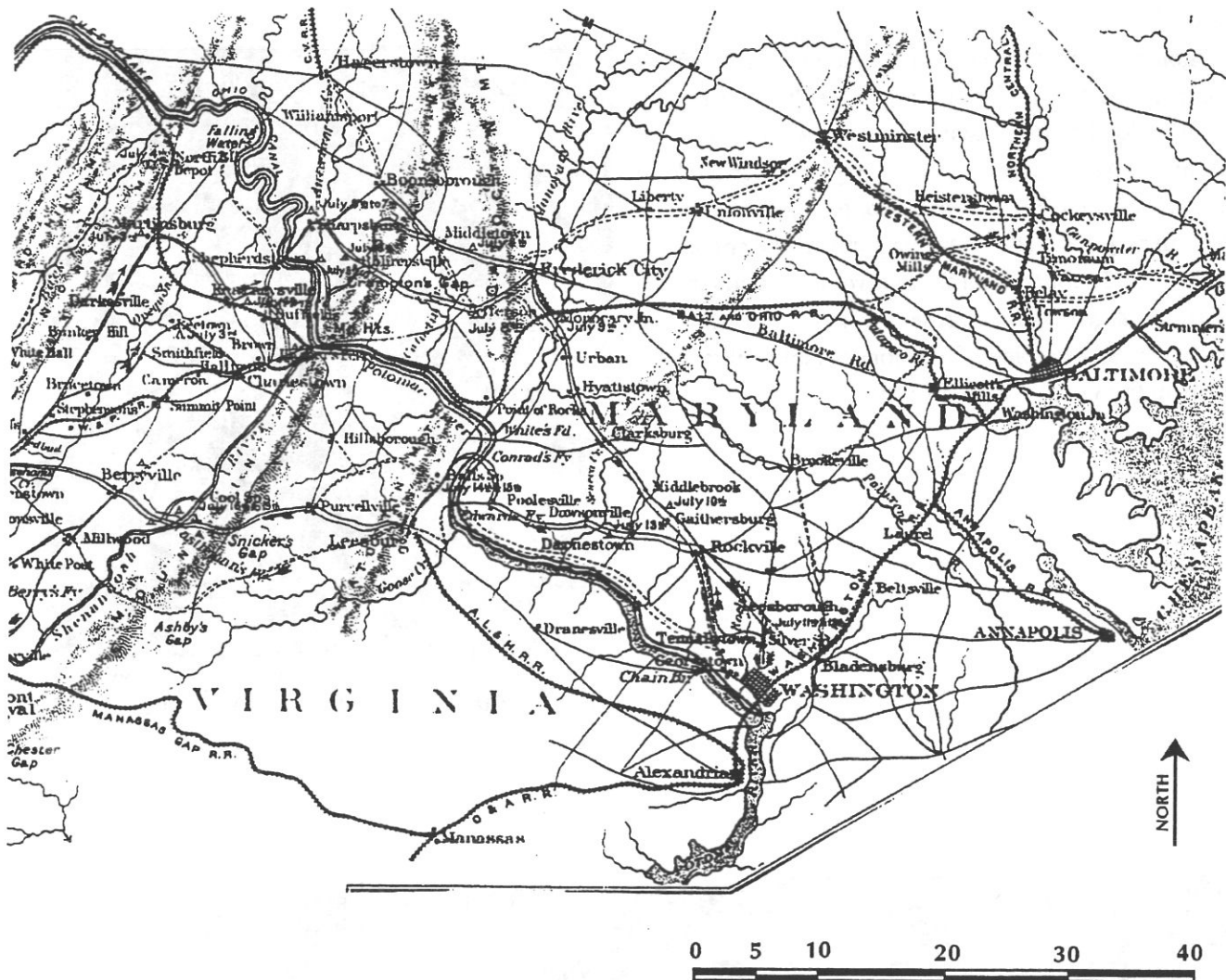


Figure 4.9 - Detail from 1864 Union troop movement map showing activity in the project area..

The Rockville Pike was used repeatedly by the armies. Banks and Stone of the Union Army Command marched on the Pike during the Rockville Expeditions of June and July 1861.

On June 28, 1863, a 12 mile Union supply and baggage train on the Rockville Pike was surprised by Confederate Major General J.E.B. ("Jeb") Stuart's cavalry. Though he had sown havoc and captured a fine prize, Stuart's romp through Montgomery County proved costly to Confederate fortunes. This raid

delayed the cavalry and thus left Lee without his "eyes and ears" during the Battle of Gettysburg, thus contributing to the devastating Confederate defeat. On July 11-12, 1864, the Confederate cavalry and Union forces clashed along the Rockville Pike near the Rabbitt's Creek Post Office.

On July 11, 1864, McCausland's Cavalry marched down the Pike during the Confederate Army Command raid on Washington, D.C.



The Hawkins property was divided into seven parcels in 1869. Peter Hawkins received Lot #1, containing 69 acres and sold it to James Gilliland.

Industrial/Urban Dominance (1870-1930)

Small towns surrounded by farms along transportation routes characterized this period. Excellent farmland and close proximity to urban areas helped Montgomery County prosper as an agricultural center.

The 1879 and 1894 Hopkins Atlases of Montgomery County list Lewis (sic) Bohrer as the owner of the farm which stood on the present location of the National Naval Medical Center (Figure 4.11). The atlas illustrates a long farm lane leading east from the Rockville road to the Bohrer house and farm. George Peter is listed as owning the farm that later became the Hamilton farm on the south edge of the NNMC and lying on both sides of Jones Bridge (Mill) Road. Col. J. Gilliland is shown as the owner of a farm on the east side of the NNMC property.

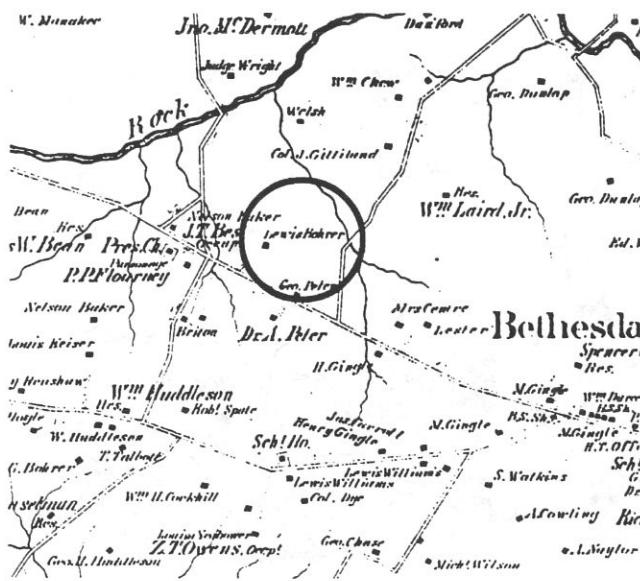


Figure 4.11 - Detail of 1879 Hopkins Atlas of Montgomery County showing Lewis Bohrer residing at the NNMC project area.



Figure 4.12 - Detail of 1890 Fava Naeff & Co. Map showing NNMC project area and location of 262 acres owned by Margaret C. Bohrer.

The family farm was probably used for growing wheat during this period. The consistent ownership indicates that the farm was at least somewhat successful.

The 1890 Fava Naeff & Co. Real Estate Map of the Metropolitan Branch of the Baltimore and Ohio Railroad Company shows the Margaret C. Bohrer farm very clearly (Figure 4.12). Listed as 262 acres, the land is almost entirely open fields with a narrow forested area along Rock Creek and Cedar Lane. A farm lane leading off Wisconsin Avenue at a 90 degree angle ends at two structures, probably a house and barn. The George Hamilton farm, located just south of the Bohrer farm, is listed as 133 acres on both sides of Jones Bridge Road. A house and barn are shown a short distance east of Wisconsin Avenue, north of Jones Bridge Road. These structures would also be on the land currently known as the National Naval Medical Center. No other structures are shown on the 1890 Fava Naeff Real Estate Map.

However, two additional parcels of land are shown. One is a 13 acre lot located just north of Jones Bridge Road and listed as belonging to J. Hawkins. The second is the land on the eastern part of what is now the NNMC. This 69 acre parcel still belonged to J. Gilliland.

The 1908 USGS 7.5 Quadrangle and the 1909 Map of Montgomery County, Maryland showing Rural Delivery Service for the Post Office Department show only one dwelling on the tract of land now known as the NNMC. On both maps the dot is in the location of the Bohrer house.

The 1916 Real Estate Atlas of Montgomery County by Deets and Maddox shows ownership of the 132 acre Bohrer farm by C.C. Bohrer. George Hamilton owned the farm to the south with Margaret Coolidge and Donald McPherson owning land to the east along Jones Bridge Road. These surrounding farms were actually quite stable in ownership and probably reflect their continuing status as family farms.

The Bohrer farm had been inherited by Charles C. Bohrer, the son of J. Louis and Margaret Bohrer. Charles and Margaret were still living there in 1919 when a Sunday Star reporter known simply as The Rambler wrote of his visit to the Bohrer Family Home:

"Looking off to the right of the road, there was visible among trees on a ridge a fine old home. Then the Rambler came to a farm gate that was hospitably open. From the gate led a lane lined with big locust trees. A cornfield was on the left of the lane and grazing land on the right. Following the lane which led up the ridge the Rambler came to another gate, which opened into a farmyard with stables, slatted cornhouse, red barn, hennery, and an ancient stone house with a steep shingle roof. Parked nearby was a

big farm tractor and a big truck. There was an orchard on the left, and a number of white hogs came up to the fence and grunted a welcome. Off to the right is the dwelling house, with wide porches and round white columns.

The Rambler crossed the shady lawns and walked up on the porch and sat down. Of course he knew perfectly well who lived there, for everybody in that part and in other parts of Montgomery county knows him, but it is not yet quite the proper time to give that information to the reader. The landscape that the Rambler contemplated from the porch was one of great beauty. The pike was in full view, about 200 yards away. Automobiles loaded with Sunday holiday-makers rushed over the road. One thought that came strongly to the Rambler was that this was a farmer's farm, the one place of a man who knows so much about soil and crops and agriculture in general that he makes his living out of the land. Generally, a man to make a good living out of the land and to surround himself and his family with all the comforts demanded in these modern times must be a man who is born and bred to the land. A great many city people go into the country equipped with a book on how to get rich by farming, but usually they need all the money they make in the city to keep the country place going. Many of the so-called "country gentlemen" - whatever that hackneyed phrase means - who sit around a city club and talk wisely about their crops could not run a farrow if life depended on it."

The Rambler's memory of this land goes back to the time when it was the property of Samuel Perry. He was a son of James Perry of Prince George's County, and bought a large farm along the Rockville Pike in Montgomery county about the year 1837" (1919, p. 5 & 6).

South of the Bohrer farm, at the corner of Jones Mill Road and Wisconsin Avenue, the Rambler sat and rested "in an old garden that had once been beautiful. Some distance back among the trees of the garden was a weedy scar on the earth which showed where a house had burned down" (1919:5). This house had once belonged to Maury Dove, one of Washington's well known citizens. Nearby also was the old home of the Peters family, Winona (on the west side of the Rockville Pike). The Rambler also walked by the Hamilton place, just south of the Bohrer farm on Rockville Pike. He described the house for this farm as "one of the finest country homes in Maryland" (1919: 8).

During the ownership of the land by the Bohrer family, it is obvious that the land was farmed and the house occupied by the owners. Between 1919 and 1938 however, the land changed ownership twice. Between 1931 and 1935, the 131.7 acre farm was owned by Joseph F. Kelly et al. By 1938, it had changed ownership and was owned by Alfred Harris. The land was owned by an absentee landlord at this time.

Modern Period (1930-present)

In the first quarter of the twentieth century, the county remained an agricultural region, especially known for dairy farming. With the war, however, dairy farming in the county tapered off, due to loss of workers to the war effort, and the unavailability of steel to produce broken machinery parts. The expansion of Washington, Rockville, and Bethesda began to overshadow the agricultural use of the land. By 1989, there were only 18 active dairy farms in the county. More recently, farms have been replaced by residential real estate development, government facilities, and office buildings, due in large part to the close proximity of the Washington metropolitan center. Vigorous land speculation and development

in the Montgomery County area in the twentieth century is evident in the area surrounding the National Naval Medical Center project area. Government facilities, stores, gas stations, schools, offices, churches, roads, interstates and restaurants surround the property today.

The land now known as the NNMC was owned by Joseph F. Kelly et al in 1931. Six frame buildings were present according to the F.H.M. Klinge Property Atlas of Montgomery County (Figure 4.13). The map also shows 3 frame buildings on the George E. Hamilton property just north of Jones Bridge (Mill) Road and one building on the Margaret Coolidge property, also located just north of Jones Bridge (Mill) Road. The Donald McPherson Co. property on the east side of the present NNMC did not contain any structures according to the property atlas.

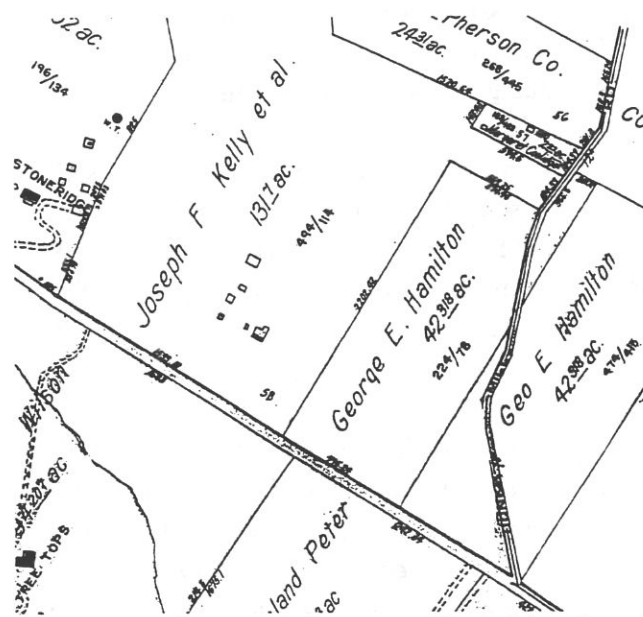
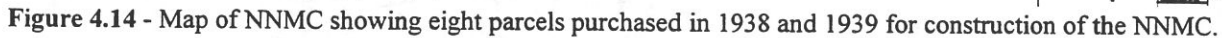


Figure 4.13 - Detail of 1931 F.H.M. Klinge Atlas of Montgomery County, Maryland showing Joseph F. Kelly et al; George E. Hamilton; Margaret Coolidge; and Donal McPherson Co. Ownership in the project area and structures on the Kelly, Hamilton, and Coolidge property.



Contemporary accounts state that the principal farm was then occupied by unpaid caretakers. It had been sold by the Bohrer family and was now owned by Alfred Harris. Seven other parcels of land were also purchased (see Figure 4.14). At the time of purchase by the United States of America, the land was described as consisting of rolling fields and an area of dense woods along the east section. The tract fronted Rockville Pike for 2,300 feet, and back to Rock Creek Parkway and the Columbia Country Club (Bowen, n.d.:3).

The design of the main tower of the NNMC was suggested by President Roosevelt and modeled after

the 1924 Nebraska State Capitol at Lincoln. The 20-story tower, 230 feet high is flanked by low two-story wings. Ground breaking took place on June 29, 1939 and the NNMC was dedicated on August 31, 1942. The main building was erected on a bluff, 558 feet above sea level, at the same location as the old Bohrer house, known as Green Sod.

Photographs of the construction of the NNMC show extensive ground disturbance including widespread grading and landscaping, typical of construction techniques employed during the war years (See Figures 4.15-4.27). Landscaping plans included the transplanting of many good-sized trees from Gravelly Point airfield (National Airport) in Virginia including oaks, sycamores, elms, and magnolias (Bowen, n.d.:18). Included in the original plan were a nine-hole golf course that encircled the complex; a small artificial lake, directly in front of the tower mall and fed by a natural spring; and a man-made lake and recreation areas in the wooded section of the southeastern portion of the reservation, in the vicinity of the present Uniformed Services University of the Health Sciences (Bowen, n.d.:19) (Figure 4.28). The natural spring which fed the small artificial lake in front of the tower was covered by a small spring house at the time of the Bohrer ownership (see Figure 4.16) but had disappeared by the time the NNMC was dedicated.

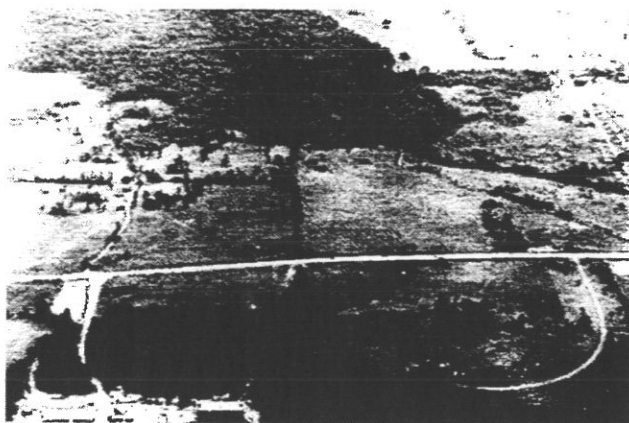


Figure 4.15 - View of NNMC project area ca. 1938 prior to construction.



Figure 4.17 - Spring House of Old Bohrer Farm, ca. 1938.



Figure 4.16 - View toward west from 7th floor of tower on July 10, 1941. Note spring in left corner.



Figure 4.18 - View of main building from Rockville Pike, looking due est. April 22, 1941.



Figure 4.21 - Aerial oblique process photo of the U.S. Naval Hospital. No date.



Figure 4.19 - View of power plant area looking south, showing footing in place. July 8, 1940.



Figure 4.22 - Naval Medical Center, view of Officers' Quarters, looking west, southwest. April 22, 1941.

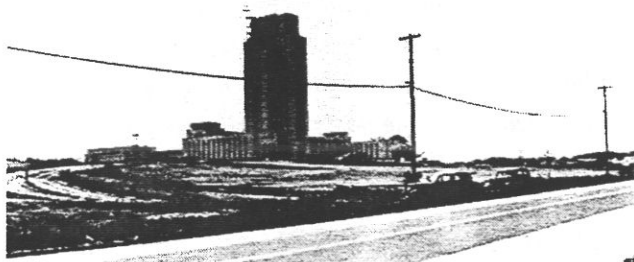


Figure 4.20 - View of tower (under construction) from Rockville Pike, looking southeast, 1941.

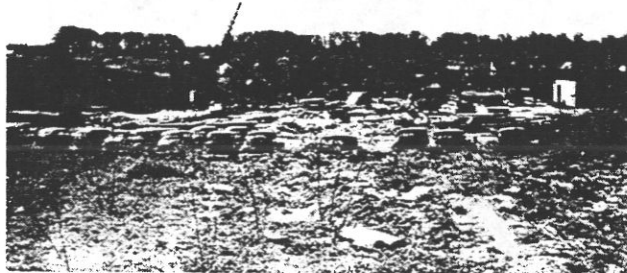


Figure 4.23 - Corpsmen's Quarters, looking south. April 22, 1941.

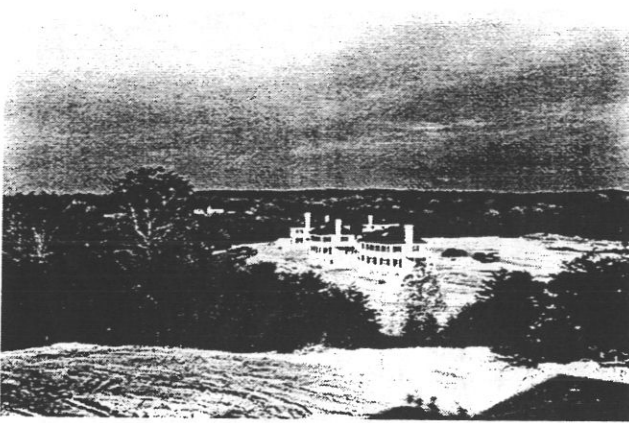


Figure 4.24 - General view of quarters area taken from Nurse's Quarters, November 3, 1941.

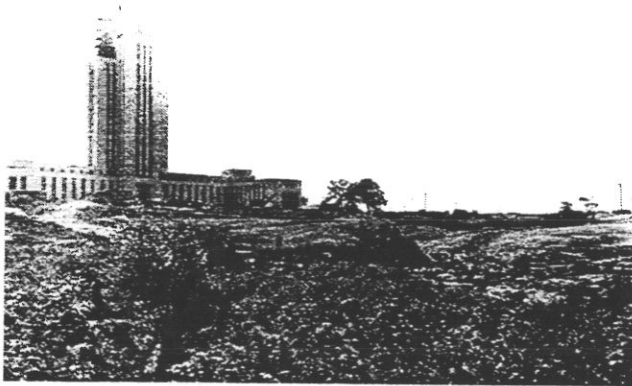


Figure 4.26 - General view of area in front of Main building taken from culvert at exit of former farm road. July 10, 1941.



Figure 4.25 - Oblique of the NNMCC. February 11, 1944.

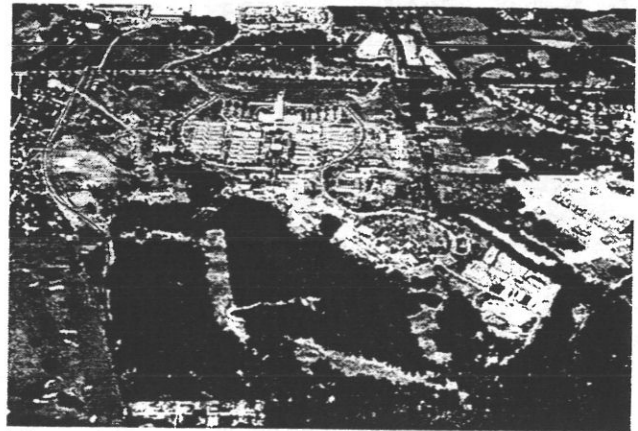


Figure 4.27 - Aerial of NNMCC, view looking west, altitude 4000'. May 3, 1954.

Rear Admiral Lucius W. Johnson was the officer in charge of hospital construction for the Bureau of Medicine and Surgery. In 1950 he wrote about the selection of the medical center site at Bethesda.

"...there were several features which were considered worthy of preservation. One was a building which had been built many years before to serve as slave quarters. It was of brick, with cement floors and narrow slits for windows. This was reported to have been the farthest North of any pre-Civil-War slave quarters. Another feature was the spring and spring house located in a gully between the main building and the road. The bubbling pool and the tiny stream reminded the President of the Pool of Bethesda, in Jerusalem (John v.2). Bethesda means "House of Mercy." The legend was that, at a certain season, an angel came down and troubled the waters of the spring. The first person who entered the spring after the troubling of the water would be at once restored to complete health. In the porches about the ancient pool lay the lepers, the lame, the halt and the blind. Each one hoped he might be the lucky first one to enter the pool after the angel came. The President directed that plans be made to preserve the spring and to carry out, as far as possible, the details of the legend" (Johnson, 1950:2).

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

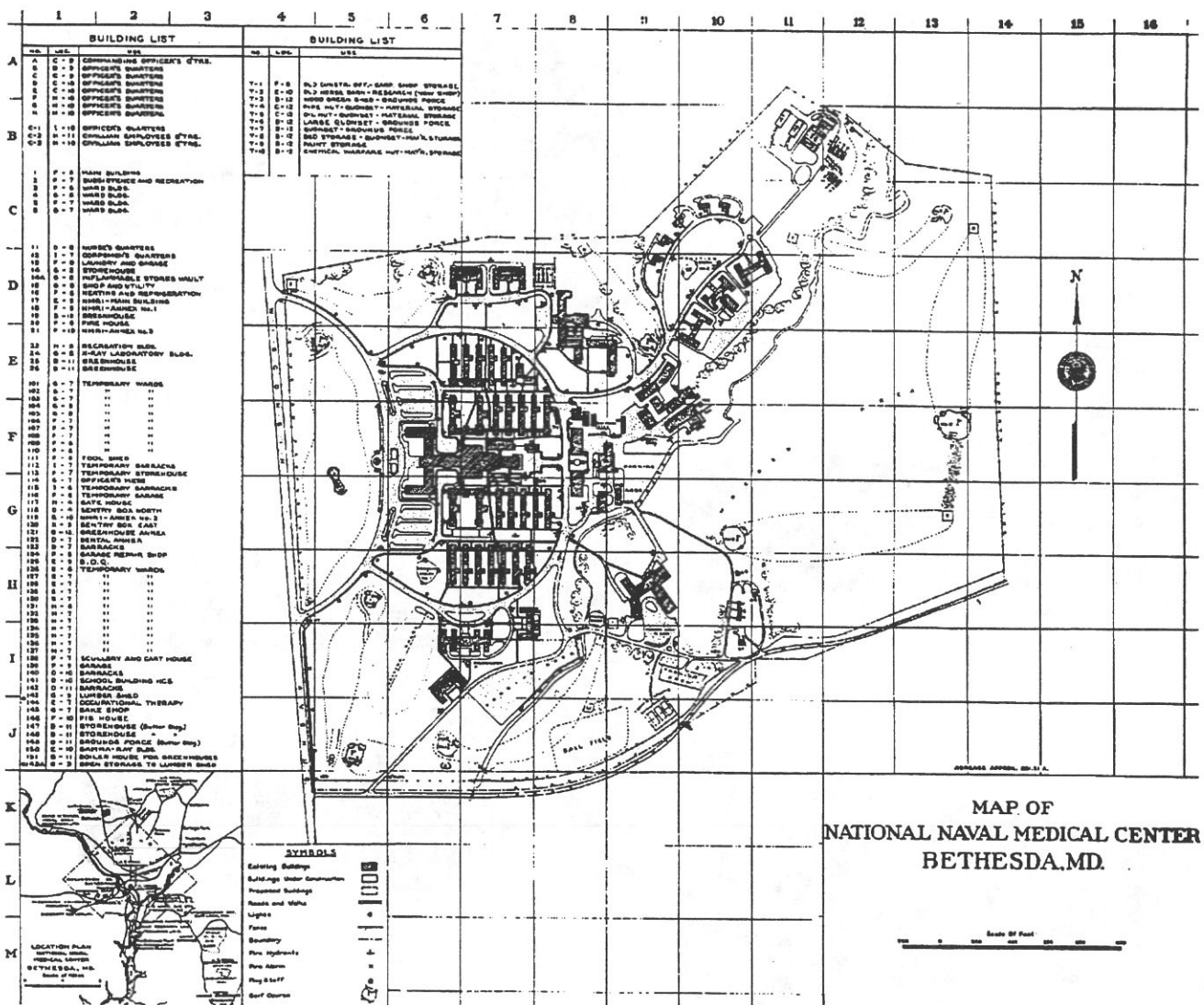


Figure 4.28 - 1946 plan for the NNM.

In the 1970s, an extensive redevelopment program was undertaken at the NNM. Additional buildings, parking facilities, a new outpatient clinic and other changes have created one of the largest medical facilities in the country (Bowen, n.d.:24).

Figures 4.29-4.38 show the current landscape at the NNM, including the recreational areas, Stoney Run, and wooded areas on the east side of the campus.

Historic Sites in the Near Vicinity

Appendix C presents a list of the two historic

archaeological sites including those that have been recorded within two miles of the project area, along with a brief description of each.

Discussion of Findings

This literature search for the National Naval Medical Center project area has determined that the area was occupied prehistorically and historically. What remains to be done is to integrate the findings of this study with settlement patterns typical for the prehistoric and historic periods and with information

about ground disturbances as recorded and observed in the field. From this can be derived a predictive model that will identify those areas on the NNMC campus most likely to contain prehistoric and historic sites, and the potential significance of those sites.



Figure 4.29 - Landscaped field between Main Tower and Wisconsin Avenue, looking southeast.



Figure 4.30 - "Eleanor Lake" at location of spring. View looking northwest toward NIH.



Figure 4.31 - Ponded area of Stoney Creek with steep slopes. View looking southeast.



Figure 4.32 - Steep slopes to Stoney Creek. View looking southwest from recreational area.



Figure 4.33 - Pavilion recreational fields. View looking west.

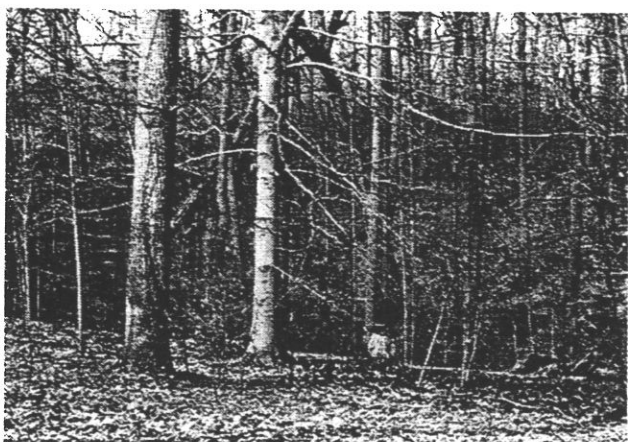


Figure 4.34 - Heavily wooded and steeply sloping area near USUHS.

LITERATURE CITED

Barse, William P.

- n.d. Index to Archeological Survey of Montgomery County. Manuscript on file at the Maryland Historical Trust, Annapolis, Maryland.

Barse, William P.

- 1982 A Preliminary Archeological Resources Reconnaissance of Proposed Alternatives 2A, 4, and 6 of the Great Seneca Highway, Montgomery County, Maryland. Paper on file at Thunderbird Archeological Associates; prepared for Montgomery County Government, Department of Transportation Planning.

Barse, William P.

- 1983 A Preliminary Archeological Resources Reconnaissance of the Proposed Montgomery-Damascus-Mt. Airy 230 KV Transmission Line, Montgomery and Frederick Counties, Maryland. Paper on file at Thunderbird Archeological Associates; prepared for Allegheny Power Service Corp., Greensburg, PA.

Barse, William P. and Mary Folsom Barse

- 1985 A Preliminary Archeological Reconnaissance of the Proposed Glenwood Community Park, Howard County, Maryland. Barse Associates, Linden, Virginia. Submitted to Chris Batten Associates, Westminster, Maryland.

Barse, William P. and Mary Folsom Barse

- 1994 Personal Communication.

Bowen, E. Caylor, ed.

- n.d. "Naval Medical Center, Bethesda, Maryland 1939 -1984." Manuscript on file, National Naval Medical Center, Bethesda, Maryland.

Bowen, E. Caylor, ed.

- n.d. "A Brief History of the U.S. Naval Hospital, Washington, D.C., 23rd and E Streets, N.W." Manuscript on file, National Naval Medical Center, Bethesda, Maryland.

Bradley, Gertrude D.

- 1956 Bethesda Not So Old. Gaithersburg, Maryland: Franklin Press.

Chalfont, Ruth and Don Jarvinen

- 1994 "Integrated Natural Resources Conservation Plan: National Naval Medical Center, Bethesda, Maryland." Draft Document prepared by the Laboratory for Coastal Research, Department of Geography, University of Maryland, College Park. On file National Naval Medical Center.

City of Rockville

1986 "Historic Resources Management Plan." Department of Planning, Rockville, Maryland.

Clark, Ella E. & Thomas F. Hahn, editors

1975 Life on the Chesapeake and Ohio Canal - 1859. Shepherdstown, W. Va.: American Canal and Transportation Center.

Cochran, Sheila Smith

1986 River Road - An Early History. Published by the Author.

Cochran, Shelia Smith

1988 Mount Nebo and the Fletchall Family. The Montgomery County Story, Published by the Montgomery County Historical Society. Vol 31, No. 2.

Coleman, Margaret Marshall

1990 Montgomery County: A Pictorial History. Virginia Beach, Virginia: The Downing Company.

Cramm, Joetta M.

1987 Howard County: A Pictorial History. The Donning Company, Norfolk, Virginia.

Crowell, Elizabeth A.

1987 Archaeological Survey, Baltimore and Ohio Railroad Company, Georgetown Subdivision. DEIS prepared for Interstate Commerce Commission, Office of Transportation Analysis, Washington, D.C.

Dalton, Dalton and Newport

1984 The NIH Master Plan, Phase I: Cultural Asset Inventory Interim Report Submittal. Prepared by Dalton, Dalton, & Newport, Cleveland, Ohio. On file, Maryland Historical Trust, Crownsville, Maryland.

Department of the Army

1901 War of the Rebellion: Official Records of the Union and Confederate Armies. 114 Vols. Washington, D.C.: U.S. Government Printing Office.

Dozer, Donald Marquand

1976 Portrait of the Free State: A History of Maryland. Tidewater Publishers, Cambridge, Maryland.

Durrenburger, Joseph Austin

1968 "Turnpikes: A Study of Toll Road Movement in Middle Atlantic States and Maryland." Ph.D. dissertation, Department of History, Columbia University.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Evans, June and Elizabeth Myler

- 1988 Preliminary Archaeological Reconnaissance of a Selected Portion of National Institutes of Health Property, Bethesda, Maryland. Potomac River Archaeological Survey.

Eaton, Ethel R.

- 1986 Scope of Work, Preliminary and Background Research For Archeological Investigations at Browns Wharf, Fells Point, Baltimore City. On file at the Maryland Historical Trust, Annapolis, Maryland.

Fletcher, Gale Frederick

- 1981 The Fletchalls: Early Settlers on American Frontiers. Copy on file at Montgomery County Historical Society.

Funk, Robert E.

- 1972 Early Man in the Northeast and the Late Glacial Environment. *Man in the Northeast* 4: 7-39.

Gardner, William B.

- 1974 The Flint Run Paleo-Indian Complex: A Preliminary Report 1971-73 Seasons. Occasional Publication No. 1, Archeology Laboratory. The Catholic University of America. Washington, D.C.

Gardner, William B.

- 1977 Flint Run Paleoindian Complex and Its Implications for Eastern North American Prehistory. In *Amerinds and Their Paleoenvironments in Northeastern North America*, edited by Walter S. Newman and Bert Salwen, pp. 90-92. *Annals of the New York Academy of Sciences* 288:251-263.

Gardner, William M. and Gary Haynes

- 1977 An Archeological and Paleontological Resources Survey of Alternate Alignments for Relocated Maryland Route 115 - Montgomery Village Avenue to Maryland Route 28. Paper on file, The Catholic University of America, Department of Anthropology, Archeology Laboratory.

Goodwin, R. Christopher et.al.

- 1992 Phase I and Phase II Archaeological and Architectural Investigations for the Proposed Site of the William H. Natcher Bldg., N.I.H., Bethesda, Maryland. Prepared for AEPA Architects Engineers, Washington, D.C. On file, Maryland Historical Trust, Crownsville, Maryland.

Goodyear, Albert C., III

- 1979 A Hypothesis for the Use of Cryptocrystalline Raw Materials among Paleo-Indian Groups of North America. Institute of Archeology and Anthropology, University of South Carolina. Research Manuscript Series 156.

Herman, Jan K.

- 1991 A Hilltop in Foggy Bottom: Home of the Old Naval Observatory and the Navy Medical Department. Washington, D.C.: Bureau of Medicine and Surgery, Department of the Navy.

Holman, Doree Germaine

- 1956 Old Bethesda. Gaithersburg, Maryland: Franklin Press.

Jourdan, Elise Greenup

- 1990 The Land Records of Prince George's County, Maryland 1710-1717. Knoxville, TN: Elise Greenup Jourdan.

Jourdan, Elise Greenup

- 1991 The Land Records of Prince George's County, Maryland 1717-1726. Knoxville, TN: Elise Greenup Jourdan.

Johnson, Lucius W., Rear Admiral

- 1950 The Navy Builds a Medical Center (in) Excerpts from "The Military Surgeon," Vol. 107, No. 4: October, 1950. On file, Montgomery County Historical Society Library, Rockville, Maryland.

Johnson, Michael

- 1992 Personal communication.

Kavanagh, Maureen

- 1981 Archeological Reconnaissance of Interstate 270 From Miles Corner North of MD Route 121 To The I-270 Spur, Montgomery County, Maryland. File Report Number 166, Maryland Geological Survey, Division of Archeology, Baltimore, Maryland.

Kavanagh, Maureen

- 1982 Archeological Resources of the Monocacy River Region, Frederick and Carroll Counties, Maryland. File Report Number 164, Maryland Geological Survey, Division of Archeology, Baltimore, Maryland.

Kavanagh, Maureen

- 1983 Prehistoric Occupation of the Monocacy River Region, Maryland. In, Piedmont archaeology: Recent Research and Results, edited by J. Mark Wittkofski and Lyle E. Browning. Archaeological Society of Virginia, Special Publication No. 10, Yorktown, Virginia.

Koski-Karell and Luis Ortiz

- 1983 Phase I Archeological Reconnaissance for the Woodmont Avenue Extension Project, National Institutes of Health, Montgomery County, Maryland. Prepared for Division of Transportation Engineering, Montgomery County, Maryland.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Koski-Karell, Daniel; Luis Ortiz, and J. Charles Beasley

- 1986 Technical Report- Phase 2 Archaeological Evaluation for the Woodmont Avenue Extension Project. National Institutes of Health, Montgomery County, Maryland. Prepared for Division of Transportation Engineering, Department of Transportation, Montgomery County, Maryland.

Larrabee, Edward McMillan

- 1961 A Survey of Historic and Prehistoric Archeological Sites Along the Chesapeake and Ohio Canal National Monument, 1961 - 1962.
Contract No. 14-10-0529-2000. Submitted to the National Park Service.

LeeDecker, Charles H. et al.

- 1991 Excavation of the Indian Creek V Site: An Archaic Gathering Camp in the Maryland Coastal Plain. Manuscript on file, Washington Metropolitan Area Transit Authority.

MacCord, Howard A., Karl Schmitt & Richard G. Slattery

- 1957 The Shepard Site (18MO3) Montgomery Co. Md. The Archeological Society of Maryland Bulletin, No. 1.

MacMaster, Richard K. & Ray Eldon Hiebert

- 1976 A Grateful Remembrance - The Story of Montgomery County, Maryland. Rockville: Montgomery County Government.

Maryland Historical Trust

- 1980 Site Survey Forms - Montgomery County.
On file, Maryland Historical Trust, Annapolis, Maryland.

Maryland Historical Trust

- 1986 Maryland Comprehensive Historic Preservation Plan. Appendix 3: Statewide Historic Contexts.

McGarry, Thomas E., and Charles F. Bohannon

- 1986 An Archaeological Survey of Selected Portions of Manassas National Battlefield Park. Denver, Colorado: United States Department of the Interior, National Park Service.

McNett, Charles W. (editor)

- 1985 Shawnee-Minisink: A Paleo-Indian to Early Archaic Stratified Site in the Upper Delaware Valley. Academic Press, New York.

McNett, Charles W. and William M. Gardner

- 1971 Shell Middens of the Potomac Coastal Plain. Proceedings of the Second Middle Atlantic Archaeological Conference, Washington, D.C.

Mid-Atlantic Archaeological Research, Inc.

1979 Cultural Resources Reconnaissance Investigations for the Metropolitan Washington Area Water Supply Study Early Action Report. Submitted to Baltimore District Corps of Engineers.

Montgomery County Land Records, Maryland Hall of Records, Annapolis, Maryland.

Montgomery County Courthouse Land Records, Rockville, Maryland.

Montgomery County Sentinel

1960 "Naval Medical Center Site Selected by FDR in 1938" August 25th.

Montgomery County Tax Assessments

1783 Copy on file at the Montgomery County Historical Society, Inc. Library, Rockville, Maryland.

Offutt, William

1994 Bethesda: A Social History of the Area Through World War Two.

Pousson, John F.

1987 Archeological Overview and Assessment, Patuxent Wildlife Research Center, Laurel, Maryland. Applied Archeology Center, Eastern Team - Denver Service Center, National Park Service, United States Department of the Interior.

The Rambler

1919 The Rambler Visits the Bohrer Family Home," The Sunday Star, August 24th. On file, Montgomery County Historical Society Library.

Sanderlin, Walter S.

n.d. A Study of the History of the Potomac River Valley. Prepared in connection with A Report To Congress on the Proposed Parkway Along the Chesapeake and Ohio Canal Between Great Falls and Cumberland, Maryland. National Park Service, National Capital Parks.

Scharf, J. Thomas

1882 History of Western Maryland. Volume I. Reprinted 1968. Regional Publishing, Baltimore.

Shaffer, Gary and Beth Cole

1994 Standards and Guidelines for Archaeological Investigations in Maryland. Maryland Historical Trust, Crownsville, Maryland.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Slattery, Richard G.

- 1946 A Prehistoric Indian Site on Selden Island, Montgomery County, Maryland. *Journal of the Washington Academy of Sciences*, Vol. 36, No.8.

Soil Conservation Service

- 1961 Soil Survey of Montgomery County, Maryland. United States Department of Agriculture, Soil Conservation Service, in cooperation with Maryland Agricultural Experiment Station, Washington, D.C.

Soil Conservation Service

- 1988 Soil Survey of Montgomery County, Maryland. United States Department of Agriculture, Soil Conservation Service, in cooperation with Maryland Agricultural Experiment Station, Washington, D.C.

Sorensen, James D. and Heather Bouslog

- 1990 A Preliminary Archaeological Reconnaissance of Proposed Rip-Rap Areas in Rock Creek Stream Valley Unit #3, Along Beach Drive between Knowles Avenue and Cedar Land. Prepared for the Maryland-National Capital Park and Planning Commission, Department of Parks, Montgomery County, Maryland.

Steponaitis, Laurie Cameron

- 1980 A Survey of Artifact Collections From the Patuxent River Drainage, Maryland. Maryland Historical Trust Monograph Series No. 1, Annapolis.

United States Geological Survey

- 1965 Washington West, D.C.-MD.-VA. Quadrangle, Maryland. (Photorevised 1983).
38077-H1-TB-024

- 1965 Kensington Quadrangle,
Maryland.(Photorevised 1979).
N3900-W7700/7.5

Walsh, Richard and William Lloyd Fox

- 1983 Maryland: A History. Hall of Records Commission, Department of General Services, Annapolis.

Wilson, Everett B.

- n.d. "History of Montgomery County, Maryland." Manuscript on file, Montgomery County Historical Society, Inc., Rockville, Maryland.

Witthoft, John

- 1952 A Paleo-Indian Site in Eastern Pennsylvania: An Early Hunting Culture. *Proceedings of the American Philosophical Society* 96 (4): 464-495.

HISTORICAL MAP REFERENCES

Department of the Army

- 1901 War of the Rebellion: Official Records of the Union and Confederate Armies-Atlas. Washington, D.C.: U.S. Government Printing Office.

Esposito, Vincent J. (editor)

- 1959 The West Point Atlas of the Civil War. New York: Frederick A. Praeger.

Fry, Joshua and Peter Jefferson

- 1751 A Map of the Inhabited Part of Virginia containing the Whole Province of Maryland. London, England. Copy on file at Maryland Hall of Records, Annapolis, Maryland.

Griffith, Dennis

- 1794 Map of the State of Maryland. Published June 6, 1795, J. Vallance, Philadelphia. Copy on file at Maryland Hall of Records, Annapolis, Maryland.

Herrman, Augustin

- 1670 (A Map of) Virginia and Maryland. Published by Royal License. London, England. Copy on file at Maryland Hall of Records, Annapolis, Maryland.

Hopkins, George M.

- 1879 Atlas of Fifteen Miles Around Washington Including Montgomery County, Maryland. Reprinted 1975 by the Montgomery County Historical Society, Inc., Rockville, Maryland.

Martenet, Simon J. and Issac Bond

- 1865 Martenet and Bond's Map of Montgomery County, Maryland, Printed by Simon J. Martenet, C.E. Reprinted 1976 by the Montgomery County Historical Society, Inc., Rockville, Maryland.

Maryland-National Capital Park & Planning Commission

- 1976 Locational Atlas & Index of Historic Sites in Montgomery County, Maryland.

Montgomery County Historical Society, Inc.

- 1994 Land Patent Maps: Bethesda-Chevy Chase. Copy on file at Montgomery County Historical Society, Inc., Rockville, Maryland.

Montgomery County Office of Supervisor of Assessments

- 1988 Tax Map of Montgomery County, Maryland, BT and BS.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Smith, Captain John

1612 Map of Virginia. Facsimile of an Engraving in the Collections of the Library of Congress. Copy on file at Montgomery County Public Library, Rockville, Maryland.

United States Geological Survey

1965 7.5' Washington West, D.C.- MD.- VA. Quadrangle
Photorevised 1983

1965 7.5' Kensington, MD. Quadrangle
Photorevised 1979

SECTION 5 HISTORIC SURVEY



INTRODUCTION



Figure 5.1

"We will build it here."

President Franklin D. Roosevelt leaned over the side of the automobile as he spoke, and struck the ground with his cane. It was the afternoon of July 5, 1938, and the car stood in the cabbage patch of a run-down farm near Bethesda, Maryland. From this slight elevation could be seen the green fields sloping down toward the Rockville Pike, 300 feet away. A half-mile stretch of the road could be seen, and beyond it lay the carefully landscaped grounds of the Public Health Service, also a neighboring estate.¹

After visiting over 80 of the original 200 sites considered throughout the District of Columbia, Maryland, and Virginia, President Franklin Delano Roosevelt, along with Perceval S. Rossiter, Surgeon General of the Navy, and White House physician, Ross T. McIntire, were unanimous in their decision to construct the new Naval Medical Center on a large, rural tract of land directly across from the National Institutes of Health, and approximately one mile north of the small village of Bethesda, Maryland. (Figure 5.

1). All agreed that the tract, which consisted of three parcels of land amounting to 264.7 acres, was the most impressive and most suitable location for the intended purpose. A beautiful site that combined acres of rolling fields with areas of dense woods, the tract fronted Rockville Pike for 2,300 feet to the west, and backed Rock Creek Parkway to the east. (Figure 5.2). More importantly, the large site offered the potential for future expansion — which, according to President Roosevelt, was not only desired, but required for any naval medical center development.

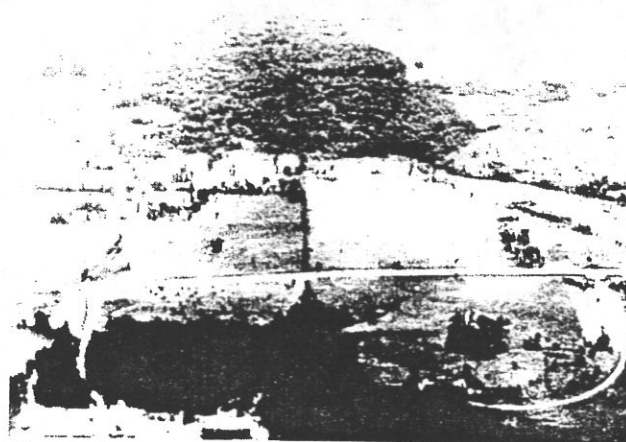


Figure 5.2

Another feature attracting Roosevelt to this particular site was an existing spring and spring house located in a gully between the main farmhouse on the property and the adjacent Rockville Pike (Figure 5.3). According to an article that appeared in The Military Surgeon, in October 1950, entitled "The Navy Builds a Medical Center," the pool and tiny stream reminded the President of the biblical Pool of Bethesda, in Jerusalem (John V.2). ("Bethesda" meaning "House of Mercy.") The legend of the Pool of Bethesda was that, at a certain season, an angel came down and troubled the waters of the spring. The first person

who entered the spring after the troubling of the water would be at once restored to complete health. Committed to developing this site as a future place of healing, the President directed that plans be made to preserve the spring and to carry out, as far as possible, the details of the legend.²



Figure 5.3

EARLY HISTORY OF THE NATIONAL NAVAL MEDICAL CENTER

The history of the Naval Medical Center at Bethesda can be firmly traced to the first decade of the 19th century, and to five distinct locations in or near the District of Columbia. The five sites include 1) the Navy Yard at 8th and M Streets, S.E.; 2) the Marine Barracks at 8th and I Streets, S.E.; 3) the U.S. Naval Hospital, Pennsylvania Avenue and 9th and 10th Streets, S.E.; 4) the U.S. Naval Hospital, 23rd and E Streets, N.W., and finally, 5) the U.S. Naval Hospital, National Naval Medical Center, Bethesda, Maryland.³

The Washington Navy Yard at 8th and M Streets, S.E.

The first infirmary or hospital for naval personnel in Washington, D.C. was established between 1802 and 1811 in a rented farmhouse near the old Washington

Navy Yard along the Anacostia River. Located adjacent to the recently established Navy Yard, the early hospital cared for the sick of the naval station, as well as personnel from arriving fleets. As in all naval medical facilities, the primary mission of the hospital was to provide general clinical and hospital services to active duty Navy and Marine Corps personnel, and to patients of other Federal uniformed services requiring particular treatment.

The Marine Barracks at 8th and I Streets, S.E.

It was not until 1843 that other expanded and improved facilities were provided within the confines of the Marine Barracks at 8th and I Streets, S.E. According to records of the Naval Medical Historian, this hospital was used until the beginning of the Civil War, when its capacity was overwhelmed by casualties and a temporary arrangement was made on June 8, 1861 for the utilization of a portion of the Government Hospital for the Insane. Known today as Saint Elizabeths Hospital, this asylum was located in what was known then as the southern Maryland countryside across the Anacostia River.

The U.S. Naval Hospital, Pennsylvania Avenue and 9th and 10th Streets, S.E.

Recognizing that an insane asylum was not necessarily an ideal setting for injured and recuperating naval personnel, the United States Congress, on March 14, 1864, authorized the construction of a new naval hospital. This authorization included a \$25,000 appropriation for the construction of a new building — also near the Navy Yard — on a small plot of land between 9th and 10th Streets and Pennsylvania Avenue, S.E. The final cost for the construction of the first U.S. Naval Hospital in Washington was an elevated \$115,000. Commissioned on October 1, 1866, the hospital at Pennsylvania Avenue, between 9th and 10th Streets,

operated until 1906. From 1907 until 1911, the building housed the Hospital Corps School of Instruction. It was placed out of commission on February 3, 1911 and designated as an annex for cases of infectious diseases and for the overcrowding of wards at the new hospital at 23rd and E Streets, N.W.

The U.S. Naval Hospital, 23rd and E Streets, N.W.

According to a survey conducted in 1903, the U.S. Naval Hospital Reservation at 23rd and E Streets in Washington, immediately north of the Lincoln Memorial across Constitution Avenue, originally consisted of 21 acres. These grounds were transferred to the Bureau of Medicine and Surgery by order of the Secretary of the Navy on January 20, 1894. Commonly referred to by naval medical staff as "The Hill," the site was reduced to 17.7 acres when approximately 5 acres of its western boundary, along the Potomac River, were transferred to the Treasury Department by an Act of Congress approved on March 3, 1901. This 5-acre area was designated for use by the Marine Hospital Service as a laboratory. Eventually, this parcel was used by the Hygienic Laboratory, and later used by the National Institutes of Health, U.S. Public Health Service. The remaining 17.7 acres was designated for use by the U.S. Naval Hospital.

Originally planned to replace the "old Naval Hospital" in southeast Washington, the new hospital at 23rd and E Streets also provided modern clinical facilities for the Naval Medical School. Although the 1803 Congressional appropriation of \$125,000 was insufficient to carry out plans for these "modern" and expanded facilities, construction of the main hospital, the power plant, and a laundry were begun in 1904. An additional \$20,000, appropriated by Congress on March 5, 1905, assisted in the completion of the new hospital. Though still under construction, the hospital

was commissioned on October 1, 1906. During World War I, the hospital was greatly expanded by the construction of temporary ward buildings. Rich in history, the site at 23rd and E Streets served not only as the former location of the United States Naval Hospital, Washington, D.C., but also as the Naval Observatory, the Naval Medical School, the Naval Dispensary, the Naval Dental School, and the Bureau of Medicine and Surgery.

The New Naval Medical Center at Bethesda

Twenty-five years after the Naval Hospital was commissioned at the 23rd and E Street site, the Bureau of Yards & Docks, as well as the current President and former Secretary of the Navy, Franklin Delano Roosevelt, recognized that these facilities were inadequate, limiting the extent and quality of care the Navy was providing to its personnel. Approval of the Public Buildings Act on February 25, 1931 initiated plans to construct a new Naval Medical Center. The act authorized the establishment of a Naval Medical Center to be formed by the expansion of the existing hospital buildings or the construction of new buildings at the 23rd and E Streets site.

Passed by the 71st Congress, Public Law Number 732 authorized the Secretary of the Navy "to replace, remodel, or extend existing structures, and to construct additional buildings at the United States Naval Hospital, Washington, D.C." The Navy intended, at this time, to erect its new medical center on the existing site of the Naval Hospital and the Naval Medical School at 23rd & E Streets near Constitution Avenue in downtown Washington. In fact, by April 1931, Allied Architects of Washington had been selected by the Navy Department to design the new Naval Hospital and Medical Center. The estimated cost for this project was \$3,200,000.⁴

Strong opposition to this proposal was raised immediately by both the Commission of Fine Arts and the National Capital Park and Planning Commission (as it was known at the time), with both groups urging the Secretary of the Navy to consider alternative sites for such new and extensive construction. Each Commission suggested relocating the medical center to a site near the Walter Reed Hospital, an Army-owned and operated medical facility in upper northwest Washington. Concerned primarily with the impact this project would have on the National Mall, immediately across Constitution Avenue from the proposed site, the Commission of Fine Arts prepared the following statement:

*The Commission are unanimous in advising you that the buildings as planned would prove to be a serious detriment to the integrity and dominance of the great central composition of the National Capital....The Commission are convinced that the proper place for a growing hospital is a large suburban area, where a group of comparatively low buildings may be developed within an area suited for inevitable expansion....The Commission therefore urgently recommend that the United States Naval Hospital be relocated on ample grounds in some outlying section of the District of Columbia, preferably near the Army Medical Center.*⁵

Letter from Charles Moore, Chairman of the Commission of Fine Arts to Rear Admiral A.E. Parsons, Chief, Bureau of Yards & Docks, December 22, 1931.

Several months later, on February 26, 1932, Frederic A. Delano, Chairman of the National Capital Park and Planning Commission (and uncle to President Franklin Delano Roosevelt) sent a letter to Charles F. Adams, Secretary of the Navy, also recommending the relocation of the proposed new medical facility to another government-owned site in the District. Citing a study conducted by the Commission, Delano

indicated that the 23rd and E Streets site was inadequate and inappropriate for the Naval Hospital and the Public Health Laboratories, and recommended "to the consideration of all authorities concerned....combining the Army, Navy, and Public Health Service work in the vicinity of the present Walter Reed Hospital."⁶

Despite delays in planning and construction, the Naval Medical Center, consisting of the Naval Hospital and the Naval Medical School, was established on June 28, 1935, by General Order No. 70.

Recognizing the physical constraints of the small 23rd and E Streets site, and the strong opposition expressed by federal commissions to expanding the Medical Center at this location, Congress passed Public Law 306, authorizing the construction of the new Naval Medical Center at an alternative site. Approved by the President on August 16, 1937, Public Law 306 amended Public Law 732 and authorized the Secretary of the Navy to:

*....construct in the District of Columbia, or in the immediate vicinity thereof, on land already acquired or hereby authorized to be acquired therefore by purchase, gift, or otherwise, buildings to replace the present Naval Hospital and Naval Medical School at Washington, District of Columbia, with the utilities, accessories, and appurtenances pertaining thereto, including facilities for the Naval Medical Center and Naval Dental School.*⁷

Along with the difficulties concerning the site selection and proposed new construction for the medical center, there was strong opposition to the project within the Navy Department. Mysteriously, the monies allocated for the Medical Center project disappeared from the annual budget. Discovered by President Roosevelt — who is said to have assembled

enough funds to restore it — the Senate passed the Navy Appropriation Bill containing the money for the building. The Naval Appropriation Act for the fiscal year 1939 (Public Law 493), passed by Congress and approved by the President on April 26, 1938, appropriated \$4,850,000 for the acquisition of land and construction of buildings, including utilities, accessories, and appurtenances for the new Naval Medical Center.⁸ Approximately \$1,500,000 of this appropriation was designated solely for the acquisition of land.⁹

Between the years 1935 and 1938, proposed plans for the new Naval Medical Center had been further developed and refined to include — in addition to the Naval Hospital and Naval Medical School — a Naval Dental School, Naval Medical Research Institute, Hospital Corps School for WAVES, an Occupational Therapy and Recreation Building, utility buildings, and residential quarters for officers, corpsmen, and nurses. The intention at this stage was to create a self-sufficient community that could provide all the necessary health care, research, and administrative support required for the successful operation and development of the nation's primary naval medical and research facility.

DESIGNING THE NATIONAL NAVAL MEDICAL CENTER

The Dedication and Commitment of Franklin Delano Roosevelt

On his 1932 "Swing-across-America" tour, President Franklin Delano Roosevelt was greatly impressed by Bertram Goodhue's design for the Nebraska State Capitol in Lincoln, Nebraska. President Roosevelt proclaimed on his visit to the Capitol that some day he too "would like to build a government building like that." Defined by its 350-foot stone tower and two-

story pavilions, the building combined classical forms with modern materials and methods of construction. Virtually devoid of applied ornament, the Capitol was delicately adorned by the creative, yet simply refined combination of dark vertical window expanses set against contrasting precision stonework. In December 1937, Roosevelt sketched, on White House stationery, a rough plan and elevation of the government building he envisioned. The sketch was strikingly similar to the plan for the Nebraska State Capitol. It was this preliminary drawing that would eventually guide the design and development of the National Naval Medical Center complex. (Figure 5.4.)

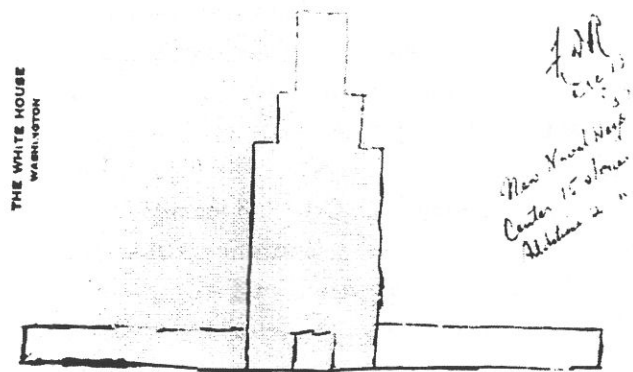


Figure 5.4

The early sketches prepared by Roosevelt proceeded from essentially rough ideas to a full-scale, in-house Bureau of Yards and Docks design effort. The Bureau of Yards and Docks is the branch of the Navy responsible for designing shore installations. Much to the surprise of this branch, which had planned a competition for the design of the Medical Center among its architectural staff, President Roosevelt assumed a much greater design role than anticipated. To solve the dilemma of the architectural competition, the President subsequently selected one of the drawings submitted by an in-house architect as the winner, and issued the appropriate certificate of

award. However, he insisted that further studies be made, and the eventual result is a close approximate of his own design.

Supervising Design and Construction

To oversee the design effort, the Bureau of Yards and Docks appointed Mr. Frederick W. Southworth as its representative and construction manager. With extensive experience in designing and constructing Naval hospitals, Southworth was known for his great ability to understand service personnel and to harmonize naval functional and structural limitations with the demands of medical officers. Southworth is officially credited as the project architect on all construction drawings and within the building's cornerstone, with nationally noted architect, Paul P. Cret, listed as consulting architect. A professor emeritus at the University of Pennsylvania's School of Architecture and a highly successful practicing architect in Philadelphia, Cret commended and approved the President's design inspiration and used it to guide design development at the site. The complete design effort was executed under Cret's close supervision. "His national eminence and assured position were considered to make a firm foundation from which suggestions could be made."¹⁰

Paul Cret commanded great respect from some of the most influential federal commissions in Washington — an advantage that certainly did not go unrecognized by President Roosevelt. The high esteem held for Cret is exhibited in an internal memorandum sent to Frederic Delano, Chairman of the National Capital Park and Planning Commission, on December 7, 1936, from John Nolen, Jr., Director of Planning. Regarding earlier opposition to the construction of the National Institutes of Health in Bethesda (directly across Rockville Pike from the proposed Medical Center), Mr. Nolen indicated that a colleague had

offered the following advice:

....the Maryland authorities will withdraw their formal objections to the proposed development, provided they are satisfied that the Treasury Department is planning the very best arrangement and design of buildings that it can....the project is important enough to warrant the employment of a consulting architect of the caliber of Paul Cret, for example, an opinion already expressed...to the Public Health Service.¹¹

The decision to hire Paul Cret as the consulting architect for the Naval Medical Center was most likely based not only on his outstanding reputation, but on his previous associations with President Roosevelt, particularly during the design and construction of numerous buildings throughout the District of Columbia. Before his involvement in the Naval Medical Center project, Cret designed the OAS (Pan American Union) Building on Constitution Avenue, the Folger Shakespeare Library on East Capitol Street, the Central Heating Plant at 13th and C Streets, S.W., the Federal Reserve Board Building on Constitution Avenue between 20th and 21st Streets, and the Mary E. Stewart House on 24th Street in northwest Washington. Cret chaired the AIA National Committee on War Memorials and served as consulting architect for the American Battle Monuments Commission from 1923 to 1945. Cret also served on the Commission of Fine Arts from 1940 until his death in 1945.

Meanwhile, Roosevelt's personal interest in architecture encouraged him to become intricately involved in the design and construction of many government buildings, including the Federal Reserve Board Building and the Jefferson Memorial. The President is believed to have significantly influenced the design of such buildings as the Department of the

Interior, the Federal Trade Commission, the Federal Reserve Board, the Jefferson Memorial, the National Gallery of Art, and Washington National Airport. Certainly, Paul Cret, either in his capacity as project architect or as a participant on various review agencies, had interacted on a professional basis with the President. On a more personal note, paths of both men may have crossed years earlier when Cret was commissioned to design a memorial to Quentin Roosevelt, son of Theodore Roosevelt, who was killed in World War I.

Previously prepared plans for the new Medical Center proposed a group of two- and three-story buildings for the new Medical Center, to be finished in tapestry brick. Early estimates indicated that this construction would cost close to \$4,850,000. At the President's insistence, floor plans and elevations for a building with a tower 40 square feet and 15 stories high were prepared and submitted for his review. Shortly after the President's approval of these plans, in-house Bureau of Yards and Docks designers acknowledged that such dimensions had severe drawbacks. For instance, once the area allotted for elevators, stairs, water tanks, and other requirements were accounted for, there remained only enough space on each level of the building for four rooms — seriously limiting the building program. Thus, two revised sets of plans were prepared, with the President eventually approving a plan that proposed a central shaft 88 by 104 square feet and a rotunda at the main entrance.

Overcoming Opposition

Design difficulties, however, proved to be the least threatening obstacle to construction. Fervent opposition from the National Capital Park and Planning Commission continued. Correspondence dating to the late summer of 1938 express the opinions of each commission. Acknowledging that they are

pleased with the location selected for the Medical Center, the National Capital Park and Planning Committee unanimously oppose construction based on the grounds that the proposed 20-story tower violates the 72-foot height limit for buildings prescribed for the District of Columbia and its immediate environs.

*If we were to approve so great an exception to these restrictions as is suggested in this case, it would open the door to the construction of other high buildings, notably hotels and apartment houses in the nearby country-side, perhaps on prominent sites and probably not on large open spaces of land. The Commission believes a structure of great height in this area or any other area of Washington is unfair to other properties.*¹²

Letter from Frederic Delano to Admiral P.S. Rossiter, Navy Department, July 29, 1938

The Commission of Fine Arts had also concluded that the proposed tower was "particularly objectionable and inappropriate in the environs of the National Capital."¹³ An additional concern of the Commission of Fine Arts was that the tower would dwarf the buildings of the Public Health Service directly across the Pike.

Failure to conduct successful negotiations between the commissions, the President, and the Bureau of Yards and Docks made it necessary for the Judge Advocate of the Navy to determine the exact authority each commission had, and whether they could take legal action to block construction of the Medical Center. In a decision dated August 16, 1938, the Judge gave the following opinion: "...and as the Naval Medical Center is not to be erected in the District of Columbia, no statutory requirement exists for securing the approval of the National Park Service..."¹⁴

Despite continued opposition from the National

Capital Park and Planning Commission, the drawings of the proposed Naval Medical Center, submitted to the Bureau of Medicine and Surgery on September 28, 1938, were approved by the Bureau on October 4, 1938.¹⁵ On December 1, 1938, President Roosevelt prepared a reply to his uncle's unending resistance to proposed plans for the Medical Center. Noting his sincere frustration with the poor and uninspired quality of traditional government-designed hospitals, the President proclaimed that he had personally designed the new Naval Hospital with a large central tower...to make it an integral and interesting part of the hospital itself, while at the same time presenting something new — getting away from colonial brick and ultra-modernistic limestone. Responding to continued concern from the commission regarding the height of the building, the President indicated that he had modified the design considerably, removing two entire stories from the central tower. Noting that he would do everything possible to persuade the Maryland Commission not to let private hotels and apartment houses "rise in competition with my Naval Hospital tower," the President confidently concluded with the following statement:

*....the tower is of such great beauty of design that it will be a landmark for generations to come, in what will for generations to come remain a wooded area even if suburbs extend as far out as that.*¹⁶

Proceeding with the Final Design Scheme

Approval of the site and conceptual plans for the Naval Medical Center allowed the preparation of final plans to move forward swiftly. It soon became apparent that the tower and other characteristics would add greatly to the cost. Recognizing that the \$4,850,000 appropriated for the project would not be sufficient, a letter was written by the Surgeon General to Senator James F. Byrne, of the Senate

Appropriations Committee, requesting authority to contract for an additional \$992,000.

In August 1939, a meeting was held to discuss materials selection and project financing. At this point, President Roosevelt became intimately involved with the selection of materials and finishes for the complex. Understanding that the Bureau of Yards & Docks had based former estimates on the assumption that brick would be used as the primary building material, the President firmly stated that he would not stand, under any circumstances, for exterior brick walls, and wanted either marble or limestone for the main building — with the walls of subsidiary structures being of brick. Rear Admiral Ben Moreell, Chief of the Bureau of Yards and Docks, stated that such a request would add approximately half a million dollars to the cost of the project and would delay its construction at least six months.

Records of the Bureau of Yards and Docks reveal that it was then suggested at this meeting, by Captain Sutton of the Navy, that consideration be given to pre-cast concrete panels recently utilized in the construction of the new experimental Model Basin at Carderock, Maryland. (Known today as the David W. Taylor Ship Model Basin, located just north of Cabin John, Maryland, the 1,300-foot basin and its 900-foot-long office and lab complex was listed in the National Register of Historic Places in 1985.) After reviewing a series of photographs of the Model Basin, the President indicated his interest in visiting the site and actually using this material if in fact it gave the impression of stone.

On August 31, 1939, the President visited the Model Basin and was so impressed by the beauty of the exposed aggregate he ordered that it be incorporated into the design of the main building, even though its

added weight would necessitate substantially redesigning the steel framework of the tower. (Exposed aggregate consists of pre-cast concrete panels which have the surface covered with fine chips of quartz or granite.) Acknowledging that the pre-cast exposed aggregate panels were indeed less expensive than limestone, Admiral Moreell again pointed out that the substitution of any material other than brick would further increase the costs of the project. Therefore, a request for an additional \$3,000,000 to complete construction was requested from the Senate Appropriations Committee.¹⁷

Constructing the National Naval Medical Center

Shortly after the final selection of building materials, Rear Admiral Moreell announced that the contract for constructing the foundations of the main building had been awarded to John McShain, Inc., for \$98,000.¹⁸ Final drawings were submitted in 1939 by Paul Cret and William H. Livingston, consulting partners of Cret's Philadelphia office, despite their opposition to the President's decision to use pre-cast concrete panels in place of limestone.¹⁹ Though Cret's design was larger in scale than Roosevelt's proposal, it followed the general outlines of the President's sketch, exhibiting a central tower with flanking L-shaped pavilions arranged symmetrically with the bulk of its low mass hidden behind the tower. The design presented bronze sashes alternating with serpentine spandrels to form dark verticals, contrasting with the white concrete panels and heightening the Neoclassical effect intended by Cret. Within the year, Cret was awarded the American Architectural Prize by the American Institutes of Architects for the design of the "most beautiful building designed in America" — the Naval Medical Center. (Figure 5.5).

Groundbreaking ceremonies were held on June 29, 1939, with then retired Surgeon General Perceval S.

Rossiter marking the beginning of construction for the new Naval Medical Center at the Bethesda location.

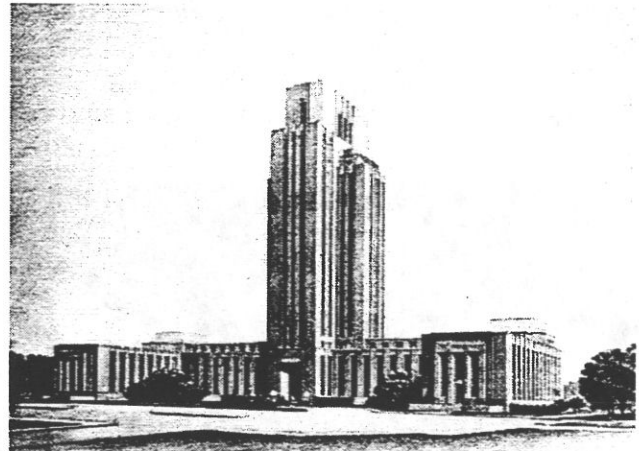


Figure 5.5

In his opening statement, Rear Admiral Moreell, referred to this event as the inauguration of the finest establishment in the world for the teaching and practice of military medicine. The Assistant Secretary of the Navy, Mr. Charles Edison, spoke of the beautiful rural setting, and its suitability to the nature of the institution; Rear Admiral Ross T. McIntire, Surgeon General of the Navy, predicated great accomplishments in the field of military medicine and hygiene; and architect Paul Cret mentioned that he was delighted with the site's possibilities.²⁰ The cornerstone of the main building was laid on Armistice Day, November 11, 1939, by President Roosevelt, and on February 5, 1942, two months after the Japanese attack on Pearl Harbor, the Naval Medical Center was commissioned. On August 31, 1942, the 100th anniversary of the Bureau of Medicine and Surgery, President Roosevelt dedicated the National Naval Medical Center, expressing the following sentiments to naval medical personnel:

*In this hospital, we are dedicating today, in this green and peaceful Maryland countryside, our Navy battles against disease and disability, and death. Those who fight this vital battle are anonymous heroes of this war, the officers, men and women of the Bureau of Medicine and Surgery which today celebrates its 100th anniversary — they are surgeons and nurses, scientists and technicians who are part of a service extending throughout the world*²¹ (Figure 5.7).



Figure 5.6

It was also announced at these ceremonies, by Assistant Secretary of the Navy, Charles Edison, that the Naval Medical Center complex would include, not only a new naval hospital, but also a medical school, dental school, quarters for medical, nursing, and Hospital Corps personnel, and additional subsidiary and service buildings - setting a new high standard for

centers of this kind (Figures 5.8, 5.9, 5.10, and 5.11). Secretary Edison acknowledged the President's great personal interest in this project, noting that "without his unfailing encouragement...and vigorous support, this project could not have been brought to its present happy state."²²

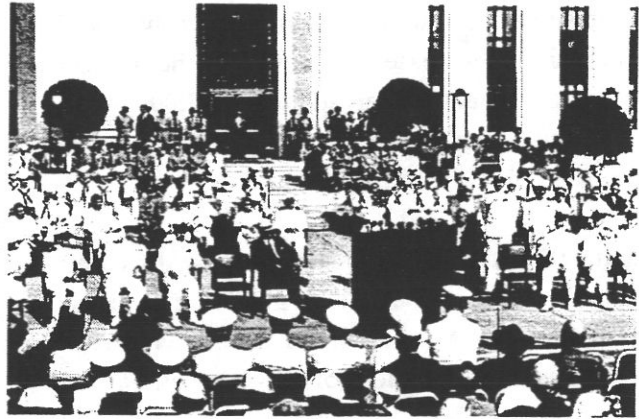


Figure 5.7

In preparation for the opening of bids to construct the project, the Bureau of Yards and Docks prepared over 200 sets of blueprints, each set containing 327 sheets. The total weight of the plans and specifications mailed out was more than five tons. The eventual winner of the bid was, again, the John McShain Company, for a total of \$4,360,000. With the contracts awarded, the Bureau of Yards and Docks hired Commander Hugo C. Fischer, former construction supervisor for the Model Basin at Carderock, Maryland, as the Officer in Charge of the building of the Naval Medical Center.



Figure 5.8

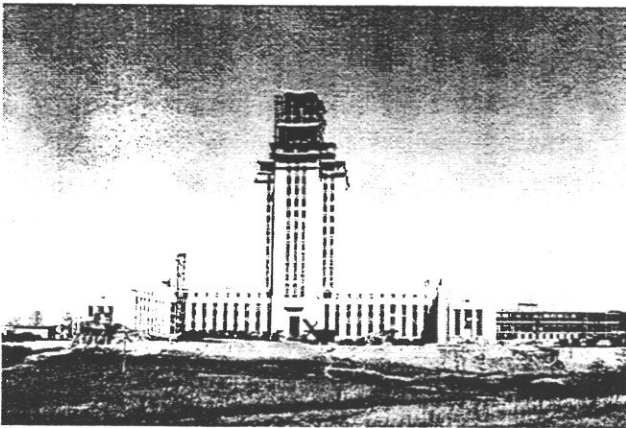


Figure 5.9

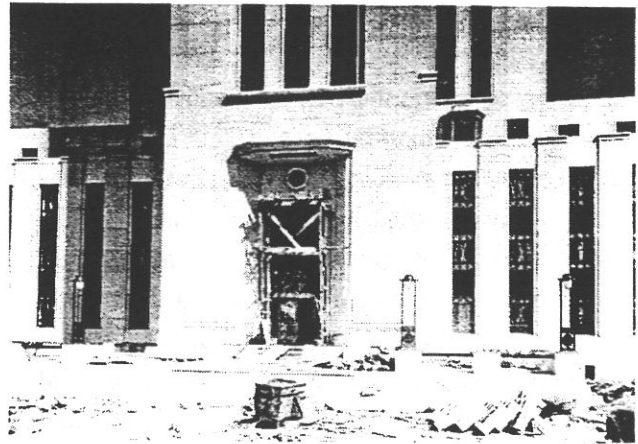


Figure 5.10



Figure 5.11

Landscape Design and Treatment

While the majority of the National Naval Medical Center site was built-out as originally envisioned by Roosevelt, and planned by Cret and Livingston, the treatment of the surrounding landscape varied greatly from original design intentions. Initially, the landscape design scheme for the Medical Center called for the creation of a broad, park-like rectangle off the main gateway leading to a Great Mall.²³ The Great Mall, planned as a hedge-lined central thoroughfare, had separate driveways that originated at a main gate and culminated at the entrance of the hospital building. The main gate consisted of an open paved area flanked by two stone obelisks. This original design was rejected in favor of the present semicircular access road that approaches Building 1 from the north and from the south.²⁴

Original drawings obtained from the National Naval Medical Center indicate that New York landscape architect, Michael Rapuano, was contracted to prepare drawings and plans for roads, sidewalks, parking and grading features for the new Medical Center site. Plans prepared by Rapuano, which list him as "consulting landscape architect," were approved by the Bureau of Yards and Docks on March 14, 1941.

According to historical data prepared by the U.S. Naval Hospital in 1948, considerable landscaping efforts were completed throughout the campus between 1942 and 1943. Over 1,250 trees and shrubs were planted during this period. A number of these trees and shrubs are said to have come from the old hospital reservation at 23rd and E Streets, the White House grounds, and other local national parks. In addition, many good-sized trees were supplied from a cluster being cleared at the Gravelly Point Airfield in Virginia, the current site of Washington's National Airport. This donation was said to have been arranged

by President Roosevelt, who was not only intimately involved in the design and construction of the airport, but was known for his ability to work diplomatically and in cooperation with various government agencies. In this case, it was Marshall Finnan of the National Park Service with whom the President arranged and carried out this relocation.

Records of the U.S. Naval Hospital indicate that an old spring and spring house in the area directly in front of the main building was converted into a beautiful pergola and pond.²⁵ In September 1943, a nursery was begun on the site. The nursery contained a variety of deciduous trees, ornamental shrubs, pines, spruce and other greens. Fortunately, the majority of these shrubs were obtained from Beltsville, Maryland, without any additional costs to the government.

During a discussion with representatives of the Department of the Interior regarding planting, landscaping, and fencing for the Naval Medical Center, President Roosevelt expressed great interest in the matter. The following episode, as told by Rear Admiral Lucius Johnson, the officer in charge of construction at the time, is documented in a report prepared by E. Caylor Bowen on the history of the Center:

On a subsequent visit to the Bethesda site, Franklin D. Roosevelt is said to have remarked to Messrs. Finnan and Southworth: "I think an old English sheep fence would be ideal." The three men agreed and Southworth immediately assigned two of his men to work on it. "What is an old English sheep fence?" they asked. "Go look it up," replied Southworth. Several days later the two men reported: "We have searched the textbooks, the manuals, the encyclopedias, and everything in the art and architectural libraries — we cannot find anything about an old sheep fence." "Then draw me something that would look like an old sheep fence," said Southworth. They did, and when the

President saw the sketch, he remarked:

That's exactly it!

When the fence was completed, it stretched the entire length of the Center's grounds that fronted Rockville Pike — over 2,300 feet.²⁶

Though the fence currently surrounding the site appears to be a later version, of new and improved materials, it retains the simplicity, character, and feeling that historical documents suggest was intended by Roosevelt.

Further insight into the layout of the site can be gleaned from a letter Paul Cret sent to Mr. F.W. Southworth at the Bureau of Yards and Docks on October 11, 1938. The letter indicates that Cret and his staff had conducted a preliminary study of the Medical Center grounds and prepared preliminary sketches of proposed roads and general vehicular and pedestrian circulation patterns. Cret describes the initial plan as follows:

We assume the principal entrance to be on Rockville [sic] Pike and the service and supplies entrance on Jones Bridge Road. The main approach serves the Administration Building, the patients and the wards with parking space in close proximity (without blocking the main front). Two lateral roads lead to the future group of residences and to the corpsmen quarters, garages and service building. The layout provides for future addition to the administration (building) or wards. The patients have a large area of garden not visible from the Pike.²⁷

In its final form, the landscaping at the National Naval Medical Center included: a series of trees native to the area, such as oaks, sycamores, elms, and magnolias; a

nine-hole golf course that encircled the complex; a small artificial lake, in front of the tower, which was fed by a natural spring; and a man-made lake and recreation area in the wooden section of the southeastern portion of the campus, in the vicinity of the present Uniformed Services University of the Health Sciences.

A Tribute to Roosevelt

Just as the National Naval Medical Center received its finishing touches, and the second major wave of construction was completed, President Roosevelt was stricken by a cerebral hemorrhage, dying suddenly on April 12, 1945. Within two weeks of his death, a bill, dated April 23, 1945, was presented to Congress proposing that the name of the National Naval Medical Center be changed to the "Franklin D. Roosevelt Naval Medical Center." Correspondence regarding this proposal was sent from Ross T. McIntire, Vice Admiral of the U.S. Navy, to the Judge Advocate General on May 3, 1945. This letter was sent in response to a request by the Judge Advocate General for additional information, comment, and recommendations from the Bureau of Yards and Docks and the Bureau of Medicine and Surgery. Supporting the initiative, McIntire summarized Roosevelt's dedication, commitment, and deep personal interest in seeing construction of the new National Naval Medical Center through to completion. McIntire writes of Roosevelt:

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

He personally visited several of the proposed sites for the Center and approved the site eventually selected. He suggested the type of architecture to be employed in the construction of the Center and influenced the development of the final design by architect Paul Cret, including adoption of the masonry facings of the tower and other permanent buildings. Many of his suggestions were followed in connection with the landscaping of the Medical Center reservation. The present name "National Naval Medical Center" was chosen by Mr. Roosevelt.²⁸

Though the Bureau of Medicine and Surgery strongly supported the name change, considering it an honor to the Medical Department of the Navy and to the entire Department of the Navy, it appears instead that Congress decided to honor Roosevelt by maintaining the name originally selected for the institution by the President himself.

Mission and Function of the Naval Medical Center

In late February 1942, the U.S. Naval Hospital, under the command of Rear Admiral Charles M. Oman, moved its 200 patients and their doctors and nurses from the 23rd and E Street location into the new Bethesda center. Already, the hospital's central tower was a landmark that made Bethesda residents proud.²⁹ The Administration Building and Tower (Building 1), with its gleaming 363-foot front and Art Deco flourishes, boasted a lobby two stories high sheathed in curved slabs of green Vermont marble and piers of dark green serpentine.

The original cluster of buildings to define the complex included: the Administration Building and Tower (Buildings 1), two ward buildings (Buildings 4 and 6) (Figure 5.12), Quarters for Nurses and Corpsmen (Buildings 11 and 12) (Figures 5.13 and 5.14), a Laundry (Building 13), a Power and Refrigeration Building, (Building 16), and five sets of Officers Quarters (Buildings 34, 35, 36, 37 & 38). The five

Officers Quarters were the only structures not built of steel and pre-cast concrete aggregate panels (Figure 5.15). A central group of buildings housed the Naval Hospital, Naval Dental School, and the Naval Medical School. Within these structures were offices, laboratories, classrooms, ward buildings, a dining hall, an auditorium, a refreshment bar and Ship's Service Room, and a surgical pavilion.



Figure 5.12

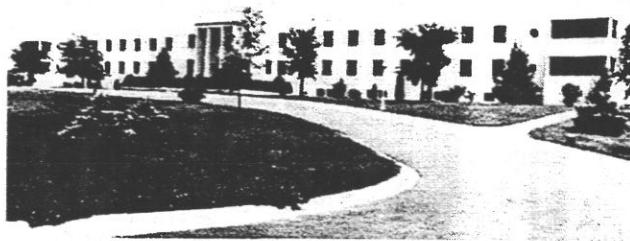


Figure 5.13



Figure 5.14



Figure 5.15



Figure 5.16

Soon after the completion of the original cluster of buildings for the Medical Center, a second series of buildings, planned and designed by Cret in conjunction with the earlier set, were constructed. These buildings included two Public Works facilities (Buildings 14 and 15), the Naval Medical Research Institute (Building 17), a Fire Station (Building 20), an Animal House (Building 21), a Chemical Storage Facility (Building 22), a Recreation Building (Building 23) (Figures 5.16 and 5.17), a Storehouse and Garage (Building 139), and a Hospital Corpsmen School for WAVES (Building 141). Another integral component of the design for the Naval Medical Center was the flagpole and terrace, located immediately west of the main entrance to Building 1. The Flagpole Terrace was completed in 1941 (Figure 5.18).

A series of tenant commands occupied many of the original buildings on the Medical Center campus; these commands included the Naval Medical Research Institute (NMRI), the U.S. Naval School of Hospital Administration, the Armed Forces Radiobiology Research Institute, and the U.S. Navy Toxicology Unit. At its inception, the hospital housed and utilized the latest in medical equipment and supplies and held the capacity to care for approximately 1,200 patients. During World War II, however, this number increased to roughly 2,000, escalating even higher by late 1945 to a maximum 2,464 patients. Such accommodations were made possible by the construction of temporary ward buildings — an effort often referred to in the Medical Center's construction management files as the "500-bed expansion." An aerial photograph taken of the site circa 1945 shows a collection of approximately 14 temporary wards arranged in groups of seven to the north and south of Building 1 and the central group of buildings. Records indicate that these temporary facilities were demolished incrementally between 1958 and 1962.

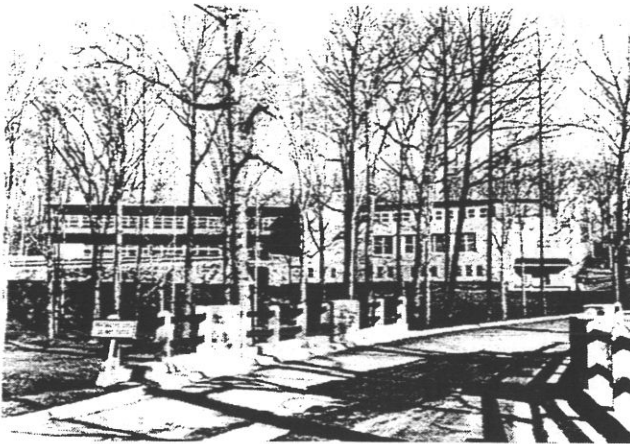


Figure 5.17

The U.S. Naval Hospital

Not long after the Medical Center was commissioned, the U.S. Naval Hospital established a Tissue Bank, which was particularly beneficial for bone-grafting and other surgical procedures after the Korean Conflict. The progressive development of open heart surgery at the Naval Hospital also gave rise to the increasing use and refinement of the artificial heart and lung during cardiovascular surgery. To assist in its educational mission, the Naval Hospital, in addition to its state-of-the-art treatment services, also offered residency and intern training programs.

Defining the "National Naval Medical Center"

Initially defined as separate entities comprising the National Naval Medical Center, the U.S. Naval Hospital and the U.S. Naval Medical School are no longer recognized as individual divisions, but have been absorbed and are currently directed under the auspices of what is officially recognized today as the National Naval Medical Center (NNMC) at Bethesda. The U.S. Naval Hospital and the U.S. Naval Medical Center were not officially consolidated into one command until September 1, 1973. Responsibilities formerly held by the U.S. Naval Hospital, including the diagnosis, treatment, and hospitalization of active

and retired Navy and Marine Corps personnel continue as part of the overall mission of the Center.

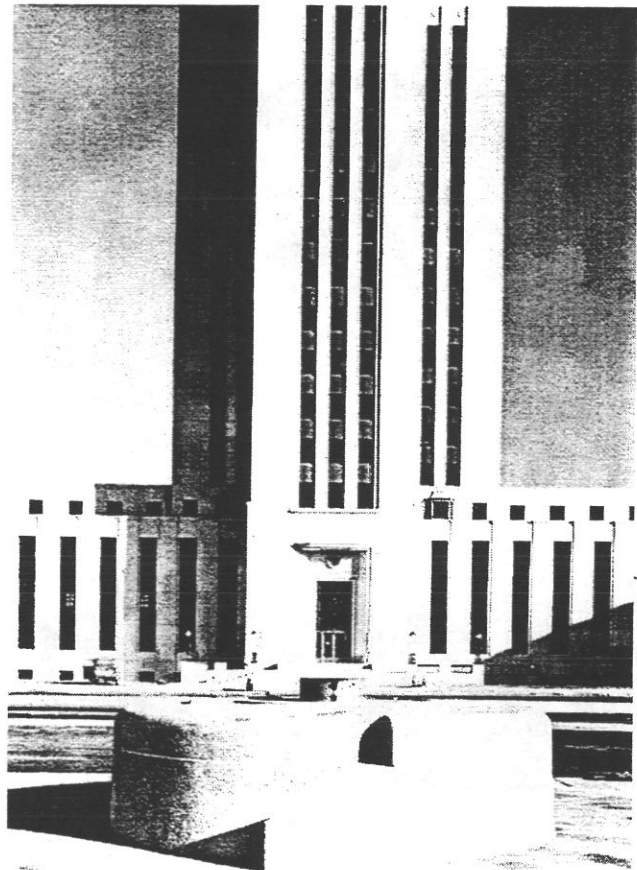


Figure 5.18

Another important function of the National Naval Medical Center is the training of medical personnel, formerly the responsibility of the U.S. Naval Medical School. NNMC is approved by many American specialty boards and by the Council on Medical Education and Hospitals of the American Medical Association for resident training in medical and surgical specialties. A military teaching staff of certified specialists and civilian consultants maintains residency, intern and fellowship training programs. The National Naval Medical Center has approximately

250 residents, interns, and fellows in training and is affiliated with, among many others, the Uniformed Services University of the Health Sciences, the National Institutes of Health, the National Cancer Institute, and the Walter Reed Army Medical Center.

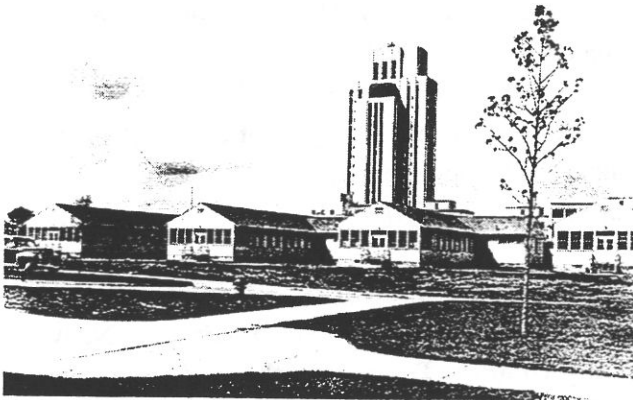


Figure 5.19

Recognized today as one of the ten largest medical facilities in the United States, the National Naval Medical Center employs more than 3,300 people (military and civilian), treats approximately 2,500 patients daily in its more than 50 outpatient clinics, and receives referrals for treatment from military medical facilities worldwide. The primary mission of the National Naval Medical Center, unchanged for over 50 years, is the care and treatment of active duty military personnel. The medical center also provides care for authorized government officials, including the President, Vice President, their families, members of Congress, Justices of the Supreme Court, and other beneficiaries as designated by the Secretary of the Navy including foreign military and embassy personnel.



Figure 5.20

Though the names and mission of many of the tenant commands have changed over the years, the National Naval Medical Center continues to act as landlord to a number of tenants, including, but not limited to the National Naval Dental Center, the Naval School of Health Sciences, and the Naval Medical Research Institute. (These particular tenants are individually defined below on account of their association(s) with the buildings examined as part of this study.)

The National Naval Dental Center (Formerly The U.S. Naval Dental School)

The National Naval Dental Center is the Navy's second largest dental command, providing comprehensive and specialized dental services to eligible military beneficiaries. The Center is composed of command headquarters, the Naval Dental School, six branch dental clinics, and eight annex facilities. Command headquarters and the Naval Dental School are located on the grounds of the National Naval Medical Center in Bethesda. Branch dental facilities are located at naval installations in Washington, D.C.; Annapolis, Maryland; Quantico, Virginia; Patuxent River, Maryland; Indian Head, Maryland; and Dahlgren, Virginia.

The mission of the Naval Dental School is to conduct postgraduate and graduate instruction for Dental Corps officers in fields of dentistry and in military medical subjects particular to the requirements of the naval services; to instruct and train dental technicians in various technical specialties; to participate in the preparation of training aids for use by naval dental personnel; to prepare and administer correspondence training courses for the personnel of the regular and reserve components of the Dental Corps; and to provide dental treatment and consultation for the National Naval Medical Center and other naval professional activities.

As the Navy's primary institution for postdoctoral and graduate level training for officers in the Navy Dental Corps, the school offers residency programs in endodontics, comprehensive dentistry, oral diagnosis, oral medicine, and oral and maxillofacial radiology, periodontics, prosthodontics, oral pathology, and maxillofacial prosthetics. In addition to conducting research in dentistry and allied sciences, the school provides a full range of clinical dental services and trains a limited number of enlisted dental technicians in maxillofacial prosthetics. The Naval Dental School offers a comprehensive continuing education program that keeps dental officers abreast of the latest developments in dentistry.

The National Naval Dental Center is currently located in the north wing of Building 1.

The Naval School of Health Sciences

The Naval School of Health Sciences was established out of a need to recruit and train specialists in hospital and medical administration during World War II. The first course of instruction, begun on July 3, 1942, offered general hospital management training for Warrant Officers and temporary Hospital Corps

Officers. The course continued as part of the training department of the Naval Hospital Corps Officer's School until 1945. On August 2, 1945, the Hospital Corps Officers School was disestablished. Under the direction of a Hospital Corps Officer, the Naval School of Hospital Administration was created by the authority of the Secretary of the Navy. On March 18, 1970, the Naval School of Hospital Administration was renamed the Naval School of Health Care Administration. On October 1, 1977, the school underwent a major reorganization and was redesignated to its current name, the Naval School of Health Sciences (NSHS).

The mission of the medical school command is to conduct entry to advanced-level training for Navy medical personnel. To accomplish this mission, the Naval School of Health Sciences conducts education and training programs for medical personnel at the technical, undergraduate, graduate, and postgraduate levels. NSHS conducts research relating to the health delivery system supporting Navy and Marine Corps beneficiary populations and other related areas as instructed. The school provides audiovisual production, audiovisual library, medical exhibit, medical photography and medical graphic arts services for the Navy Medical Department.

In early 1996, the Health Science Education and Training Command was combined with the Naval School of Health Sciences. The Naval School of Health Sciences is located in Building 141. Building 141 has continuously functioned as an educational facility since its construction in 1944 when it housed the Hospital Corpsmen School for WAVES.

The Naval Medical Research Institute

The Naval Medical Research Institute (NMRI) conducts research contributing to the health, safety,

and efficiency of naval personnel. The Research Institute was commissioned on Navy Day, October 27, 1942, following planning carried out under Surgeon General Ross T. McIntire, with an initial staff of 13 officers and 50 enlisted men. During World War II, the Institute grew to an organization of over 200 people. The work conducted was then largely the development and testing of devices and procedures for use by the fleet. Support for the construction of the research institute was received at the highest level — the President of the United States — who, as former Secretary of the Navy, had himself experienced the effects of heat stress on previous naval cruises. Extensive studies were carried out on such things as protective clothing, desalination of sea water, aviation oxygen equipment and measures for insect control. Vaccines, body armor, night vision, tropical diseases and many other matters were also investigated. Shortly after the War, the Institute participated in the Bikini atomic bomb tests and other related studies concerning the biological effects of radiation.

Today, NMRI is the critical component of the Medical Center facility charged with overseeing and managing both research and development and test and evaluation programs focusing on the health, safety, and performance of Navy medical personnel. NMRI, a subcommand of the Naval Medical Research and Development Command, conducts research in infectious disease and operational problems. The Institute performs research on specific naval health problems and monitors the safety and work efficiency of Navy personnel. The three primary areas of study examined by the Institute are: 1) clinical support, 2) disease prevention, and 3) adaptation of people to stressful environments.

Equipped with state-of-the-art laboratories for such basic sciences as chemistry, physiology, bio-physics,

pharmacology and toxicology, pathology, bacteriology, and virology, and parasitology, NMRI undertakes a wide variety of unique and challenging experiments. Studies conducted by the Institute include research on underwater physiology and diving; psychrometric and metabolic rooms for the study of efficiency of personnel under environmental stress; facilities for experimental surgery and dentistry; and the development of a high altitude chamber for the investigation of physiological problems of aviation. Additional achievements of the Research Institute include: the evaluation and development of anti-exposure suits to prolong survival in cold water; the development of chemicals for the sterilization of individual canteen water supply; the improvement of lifejacket and stretchers for use aboard ship and air-sea rescue; the development of a salt tablet that does not cause nausea and vomiting to be used in the prevention of heat cramps; and the further development of repellents against sharks and disease-carrying insects. The Naval Medical Research Institute currently occupies Buildings #17, 18, 21, and 139. From the time of its construction, NMRI occupied rear portions of the campus, chiefly because of the extensive animal facilities required to support required research.

ACHIEVEMENTS OF THE NATIONAL NAVAL MEDICAL CENTER

Significant advances in medical research and technology have been achieved at the National Naval Medical Center over its 50-year history. A sampling of the discoveries pioneered by Medical Center personnel and staff include: the production and testing of the acrylic eye; the confirmation of the value of bone and blood vessel grafting techniques; the development and use of radioactive gallium for the treatment of bone tumors; the development of new

surgical procedures and psychiatric techniques; and the experimentation and production of facsimile limbs. As noted earlier, the National Naval Medical Center has trained thousands of hospital doctors, nurses, and technicians in specialized areas such as tropical medicine, radiation exposure treatments, and emergency care to the injured — all of which are of critical or unique importance to the Navy.

Looking Toward the Future

Since its commission in 1942, the National Naval Medical Center has continued to provide the highest quality of care to military personnel and their dependents, as well as high-ranking government officials. Today, the monumental Tower stands surrounded by a modern, full-service hospital with state-of-the-art facilities and a staff of highly-skilled doctors, nurses, technicians and other medical professionals and support personnel. A new hospital complex, the result of an extensive redevelopment plan initiated in 1975, was completed and dedicated on November 21, 1980.

As Roosevelt envisioned, the National Naval Medical Center now functions as an independent city — with residential quarters, clubs, a navy exchange, and a chapel all supporting the efforts of the immediate medical community. Divisions and departments such as Facilities Management, Fire and Safety, and Recreation, are also on hand to provide service and protection to the staff and residents of the National Naval Medical Center.

NATIONAL REGISTER TREATMENT CATEGORIES

In order to meet statutory requirements for protecting National Register resources in a cost effective manner, the U.S. Department of the Navy has established a system of National Register Treatment Categories.

The HARP Plan must categorize all activity properties listed in the P-164 (Detailed Inventory of Naval Shore Facilities) and all potentially eligible archeological sites and areas with archeological potential. The categorized listings should also be entered in the HARP data base; and whenever the listings are updated or shifted from one category to another, the HARP data base should also be modified to reflect the change.

This system of treatment categories is based on the premise that preservation actions should vary according to the nature of the resource. Each treatment category proposes a particular level of preservation treatment suitable for the significance of the resources included in it.

When an overview survey is completed at an activity, a working inventory is compiled, to include information about all potential National Register resources. The overview team at first tentatively places all such resources in Treatment Category I or Treatment Category II. Later, as intensive surveys of areas within the installation progress, each National Register resource is individually evaluated for significance, condition, and integrity. At that point, resources may be shifted between Categories I and II or reassigned to Category III.

The following system of Treatment Categories is recommended for each activity. Since preservation philosophy is sometimes reluctant to admit that there may be lesser degrees of significance among National Register resources, categorization must proceed cautiously, by a qualified professional, in consultation with the Navy.

CATEGORY I:

Basis for Inclusion

Category I resources meet the National Register criteria and are classified by qualified professionals as being of outstanding historical, architectural, archeological, engineering, or cultural significance. Further, these resources have been evaluated as having retained their "integrity," i.e., original and/or authentic period materials, design, and context.

Treatment

The most painstaking preservation treatment is applicable. Care must be taken to preserve significant exterior elements of Category I buildings and structures, as well as character-defining interior spaces and architectural elements that contribute to the historic or architectural significance. Window and door openings, roof lines, trim materials and historic landscape features are often of special interest to preservationists. If the resource is a site, district or object, care must be taken to identify and preserve all significant features and to not introduce (incompatible) new features.

Concentration on repair rather than replacement of original materials when maintenance is performed must be taken. Repair of old building materials and architectural features is labor intensive, but life-cycle dollar cost is reasonable and it is a major contributor to preservation.

If repair is not possible and replacement becomes necessary, the new material should match the material being replaced in composition, design, color, texture and other visual qualities. Modern substitute products and materials are not ordinarily compatible, and in some cases they hasten deterioration of the original fabric.

Repair and replacement of architectural features should be based on detailed and accurate duplication of original features, substantiated by historical, physical, pictorial, or archeological evidence.

Maintenance and rehabilitation of Category I resources must be planned in accordance with *The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings (1983)*, *The Secretary of the Interior's Standards for the Treatment of Historic Properties (1995)*, and the *Navy Preservation Maintenance Manual*.

All significant features of Category I sites, structures, districts and objects should be preserved and care taken not to introduce incompatible new features. Regular monitoring for any effects of natural deterioration, neglect, wear and tear or abuse should be performed. The procedures for Section 106 consultation to avoid adverse effects and develop appropriate corrective measures should also be followed.

Category I archeological resources should be preserved by leaving them untouched, in the ground. Disturbance of such resources should not be allowed except in two situations: (1) as part of archeological research conducted under an ARPA or Antiquities Permit, or (2) as mitigation measures under an MOA e.g. data recovery, when unavoidable adverse effects arise from a Navy undertaking.

CATEGORY II

Basis for Inclusion

Category II resources meet the National Register criteria, but are classified by qualified professionals as being of lesser historical, architectural, archeological,

engineering or cultural significance than resources included in Category I. They may not be able to match Category I properties in terms of integrity.

Treatment

The same preservation guidance applies, but there is somewhat more flexibility in application. Care must be taken to preserve those elements of historic buildings and structures which professional evaluation has designated as significant. Less stringent fidelity to detail may be tolerated than for Category I resources. Any changes introduced should be designed so that they can be reversed in the future, without permanent damage to the integrity of the resource.

A similarly serious, but flexible, approach applies to preservation of significant features of Category II sites, structures, districts and objects. Regular monitoring for effects of natural deterioration, neglect, wear and tear or abuse should be performed. The procedures for Section 106 consultation to avoid adverse effects and develop appropriate mitigation measures should be followed.

Repair is here again preferable to replacement of original materials when maintenance is needed. If repair is not possible or cost-effective, however, selected modern replacement products and materials are available. Maintenance and rehabilitation of Category II resources must be planned in accordance with *The Secretary of the Interior's Standards* cited above), and the *Navy Preservation Maintenance Manual*.

Category II archeological resources are treated the same as those in Category I, i.e. they are best protected by leaving them untouched in the ground. Disturbance of such resources should not be allowed

except in two situations: (1) as part of archeological research conducted under an ARPA or Antiquities permit, or (2) as mitigation measures under an MOA e.g. data recovery, when unavoidable adverse effects arise from a Navy undertaking.

CATEGORY III

Basis for Inclusion

Category III includes resources that qualified professionals have concluded do not meet National Register eligibility criteria, as well as all World War II temporary buildings, and buildings in historic districts that have been professionally evaluated as non-contributing elements of the district. The first allocation of properties to this category occurs on the basis of professional judgements made during the overview. Later allocations are made as potentially eligible resources are evaluated in intensive surveys and found not eligible for the National Register.

Treatment

Federal stewardship dictates proper maintenance of all Navy properties; but no special preservation measures are required, and no Section 106 compliance is necessary when dealing with Category III resources. Category III resources that are in close proximity to Category I and Category II resources should be treated sensitively, so that they do not produce any effect that triggers Section 106 obligations. Category III resources must be re-evaluated periodically for National Register eligibility, in light of increasing age and changing cultural values and eligibility criteria. For example, as resources pass 50 years of age, they may be considered significant. It is recommended that professional re-evaluation be scheduled to coincide with six-year HARP Plan updates.

This system of treatment categories is intended to

assist local activity personnel to achieve the goals in the HARP Plan and facilitate cost-effective compliance with Sections 106 and 110 of the National Historic Preservation Act.

The above definition of National Register Treatment Categories was taken directly from the "Guidance for Preparing Historic & Archeological Resources Protection Plans at United States Navy Installations" document prepared by Greenhorne & O'Mara Inc. for the Naval Facilities Engineering Command in June 1990.

1. *Historical Record of the National Naval Medical Center*. 1959 Revision. Produced by the Department of the Navy, National Naval Medical Center. Courtesy of Jan Herman, Naval Medical Historian, Bureau of Medicine and Surgery, p.iii.
2. *Historical Record of the National Naval Medical Center*. 1959 Revision. Produced by the Department of the Navy, National Naval Medical Center. Courtesy of Jan Herman, Naval Medical Historian, Bureau of Medicine and Surgery.
3. One of the earliest forms of correspondence relating to the establishment of a naval hospital appears to be a letter, written in early January 1799 by Benjamin Stoddert, Secretary of the Navy, to the Commissioners of the City of Washington. The letter inquired as to whether land that had been set aside for a marine hospital could be appropriated as the location for a navy yard. According to a paper produced by E. Caylor Bowen, entitled *U.S. Naval Hospital, Washington, D.C. (Ninth Street and Pennsylvania Avenue, S.E.)*, the Commissioners replied to Stoddert that the area under consideration was sufficient to meet the needs of both a marine hospital and a navy yard, but that the final decision would have to be made by the President.
4. Washington Star. "Architects Named for Navy Hospital." Friday, April 3, 1931. Records of the Navy Department Bureau of Yards and Docks on file at the National Archives.
5. Letter from Charles Moore, Chairman of the Commission of Fine Arts to Rear Admiral E.E. Parson, Chief, Bureau of Yards & Docks, December 22, 1931. Correspondence records of the Bureau of Yards & Docks on file at the National Archives.
6. Letter from Frederic A. Delano, Chairman of the National Capital Park and Planning Commission to the Honorable Charles F. Adams, Secretary of the Navy, February 26, 1932.
7. *Naval Medical Center, Bethesda, Maryland (1939-1984)*. E. Caylor Bowen, Editor. Transplantation Research Program Center. Naval Medical Research Institute. Naval Medical Command, National Capital Region. Bethesda, Maryland, 1984.
8. The document, received through the Office of the Naval Medical Historian, Bureau of Medicine and Surgery, appears to be one of a series of Historical Record booklets produced by the National Naval Medical Center. This copy may be a revision prepared in October 1946. pp.1-2.
9. Records courtesy of the Office of the Naval Medical Historian, Bureau of Medicine and Surgery. *U.S. Naval Hospital, National Naval Medical Center, Bethesda, Maryland*, p. 3.

10. Excerpts from *The Military Surgeon*, October, 1950, *The Navy Builds a Medical Center* by Rear Admiral Lucius W. Johnson, Medical Corps, United States Navy, (Retired), p.3. Excerpts courtesy of the Office of the Naval Medical Historian, Bureau of Medicine and Surgery.
11. Memorandum to Frederic A. Delano, Chairman of the National Capital Park and Planning Commission from John Nolen, Jr., Director of Planning, December 7 1936. Record Group 121, Records of the Public Buildings Service on file at the National Archives.
12. Letter from Frederic Delano, National Capital Park and Planning Commission, to Admiral P.S. Rossiter, Navy Department, July 19, 1938. Correspondence records of the Bureau of Yards & Docks on file at the National Archives.
13. Excerpts from *The Military Surgeon*, October, 1950, "The Navy Builds a Medical Center" by Rear Admiral Lucius W. Johnson, Medical Corps, United States Navy, (Retired), p.4. Excerpts courtesy of the Office of the Naval Medical Historian, Bureau of Medicine and Surgery.
14. *Naval Medical Center, Bethesda, Maryland (1939-1984)*. E. Caylor Bowen, Editor. Transplantation Research Program Center. Naval Medical Research Institute. Naval Medical Command, National Capital Region. Bethesda, Maryland, 1984, p
15. Letter from L.B. Combs, Acting Chief of the Bureau of Medicine and Surgery, to Paul P. Cret, Consulting Architect, October 4, 1938.
16. Memorandum of the President's reply to Mr. Delano's letter of October 3, 1938. December 1, 1938. Records of the Bureau of Yards & Docks on file at the National Archives.
17. *Naval Medical Center, Bethesda, Maryland (1939-1984)*. E. Caylor Bowen, Editor. Transplantation Research Program Center. Naval Medical Research Institute. Naval Medical Command, National Capital Region. Bethesda, Maryland, 1984.
18. John McShain is recognized as Washington's most prolific builder of the mid-twentieth-century era. McShain, the son of an Irish carpenter, worked as a foreman for the construction company his father and uncle owned before opting to become a lawyer and enrolling at Georgetown University. During World War II McShain had \$150 million of construction projects underway simultaneously. A partial list of Washington area buildings constructed by the McShain Company include: the Jefferson Memorial, the Pentagon, the General Accounting Office, the State Department, Building 10 (Clinical Center) at the National Institutes of Health, the National Naval Medical Center, and the Bureau of Engraving. In addition, McShain constructed the Roosevelt Library in Hyde Park, New York and renovated

the White House for President Truman.

19. William Offutt. *Bethesda. A Social History*. The Innovation Game Publishers, Bethesda, Maryland, 1995, p.427. [It appears that W.H. Livingston was a major contributor to the design and development of the National Naval Medical Center complex. Along with being officially recognized as co-partner on the project with Paul Cret, Livingston's initials appear on the majority of original drawings — as either having been drawn or approved by him.]

20. *Naval Medical Center, Bethesda, Maryland (1939-1984)*. E. Caylor Bowen, Editor. Transplantation Research Program Center. Naval Medical Research Institute. Naval Medical Command, National Capital Region. Bethesda, Maryland, 1984.

21. Excerpt taken from the actual dedication speech delivered by President Roosevelt at the National Naval Medical Center in August 1942. Speech recorded, in part, in a videotape entitled *National Naval Medical Center*. The videotape, produced by the Medical Center, documents the history and achievements of the NNMCM.

22. Excerpts from *The Military Surgeon*, October, 1950, "The Navy Builds a Medical Center" by Rear Admiral Lucius W. Johnson, Medical Corps, United States Navy, (Retired), p.6. Excerpts courtesy of the Office of the Naval Medical Historian, Bureau of Medicine and Surgery.

23. Bowen, Part III (1939-1984), p.11. This landscape design treatment cannot be directly attributed to any one person or firm at this time.

24. A letter sent to Paul Cret from F.W. Southworth in July 1940 indicates that, very early on in the construction phase, President Roosevelt inquired as to the practicality of forming a small lake in the area in front of the Naval Medical Center. According to this correspondence, the lake would be formed by carrying a dam across the valley, confining the flow of water from the small spring near the existing spring house. Cret was requested by Southworth to prepare preliminary sketches illustrating this proposed lake. Several months later, in a follow-up letter to Paul Cret dated September 20, 1940, Southworth states that the President reviewed the preliminary sketches and suggested that the lake be relocated to a less conspicuous site — and not placed in the immediate foreground of the hospital — as a lake in this location would detract from the intended effect of the hospital building itself.

25. Historical records of the U.S. Naval Hospital/National Naval Medical Center (circa 1948). Records courtesy of the Naval History Office, Naval Medical Historian, Jan Hermann, p.3.

26. *Naval Medical Center, Bethesda, Maryland, Part III (1939-1984)*. E. Caylor Bowen, Editor. Transplantation Research Program Center. Naval Medical Research Institute. Naval

Medical Command, National Capital Region. Bethesda, Maryland, 1984, p. 19.

27. Letter from Paul P. Cret to F.W. Southworth, on October 11, 1939. Correspondence records of the Bureau of Yards and Docks on file at the National Archives.

28. Letter from Ross T. McIntire, Vice Admiral of the U.S. Navy to the Judge Advocate General, May 3, 1945. Received through the Correspondence Files of the Bureau of Medicine and Surgery, National Archives Record Group 52, Box 98, Washington, D.C.

29. Offut, p. 508.



SECTION 6

INVENTORY OF NATIONAL REGISTER RESOURCES



INTRODUCTION

This section of the Preliminary Phase I HARP Plan will include an overview survey of structures that a) are listed in the National Register of Historic Places, b) have been determined eligible, or c) have been identified as potentially eligible. The survey includes general descriptions of the structure, historic context(s), criteria for evaluation, current landmark status, preliminary National Register eligibility, potential Department of Navy (DON) Treatment Category, National Register eligibility notes, major bibliographic references and photographs. The survey results are followed by a summary of findings and recommendations for further study.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 1 PROPERTY RECORD NO: 200666

BUILDING NAME/HISTORIC NAME: Building 1 (Dental Clinic)/Main Building (No.1)

DATE OF CONSTRUCTION: 1939-1942 MAJOR IMPROVEMENTS: 1987

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 20 (+ Roof and Penthouse) FOUNDATION: Concrete

WALLS: Structural Steel/Reinforced Concrete ROOF: Built up roofing with insulation

SQUARE FOOTAGE: 244,846

NOTABLE FEATURES: Central tower block with flanking pavilions; exposed aggregate panels

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII ☒ B. Association with F.D. Roosevelt

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Listed on the National Register of Historic Places

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT N/A

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES The National Naval Medical Center at Bethesda, Maryland was built during the early years of World War II to house the U.S. Navy's principal center for the practice and dissemination of medicine related to the needs of the naval service. The importance which the government attached to this center for education and research in naval medicine is reflected in the evolution of the complex's design which proceeded from rough plan and elevation sketches by F.D. Roosevelt to an in-house Bureau of Yards and Docks design executed by noted private consulting architect Paul Philippe Cret.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 1

PROPERTY RECORD NO: 200666

10. PHOTOGRAPHS



Figure 6.1 - Building 1 Tower, looking northeast.

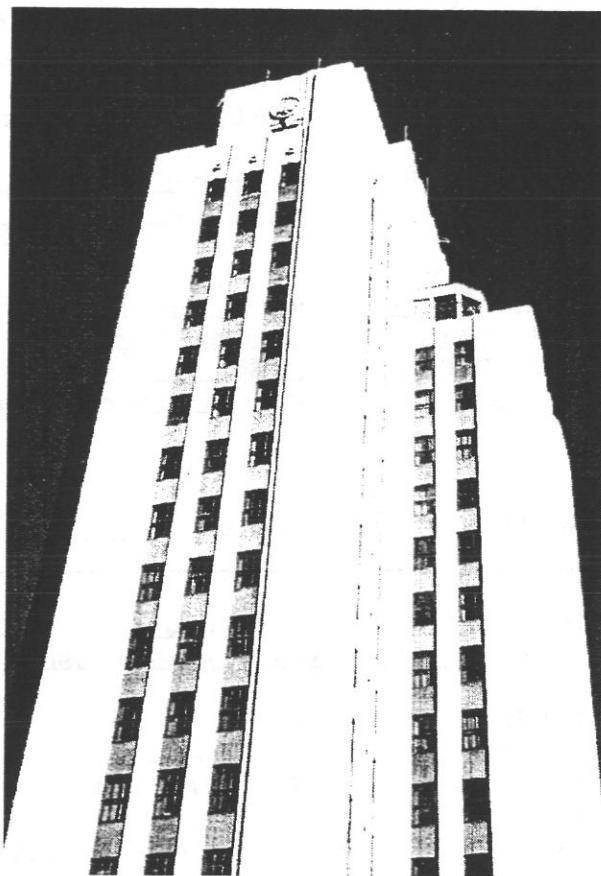


Figure 6.2 - Tower detail, Building 1.

BUILDING NO: 1
PROPERTY RECORD NO: 200666

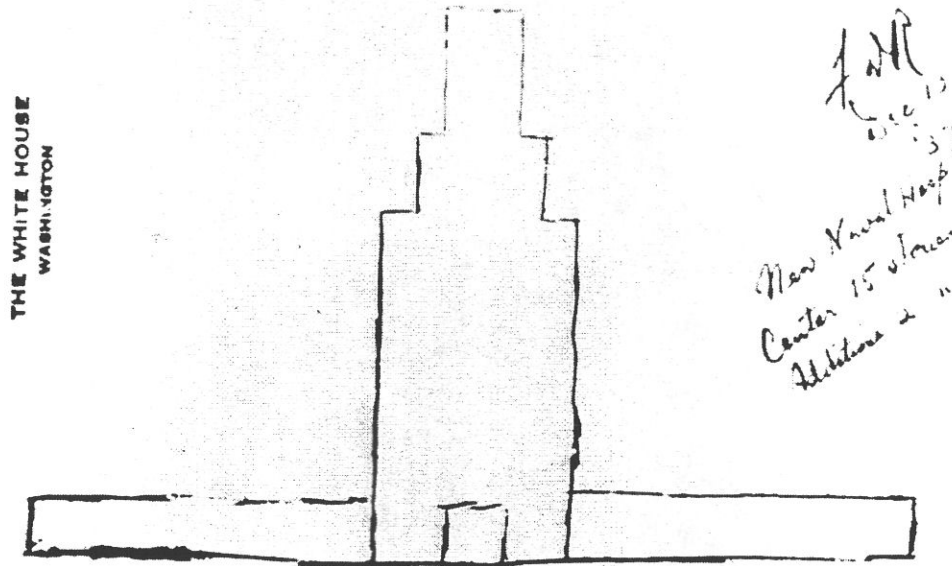


Figure 6.3 - Roosevelt sketch of Hospital on White House Stationary

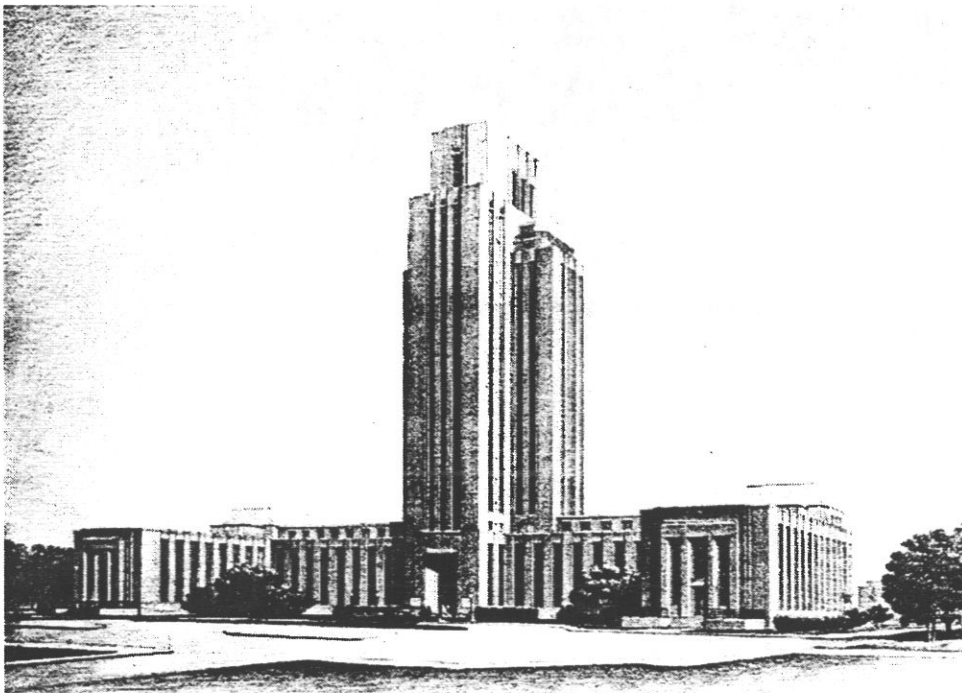


Figure 6.4 - Artist rendering. No date.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 1

PROPERTY RECORD NO: 200666

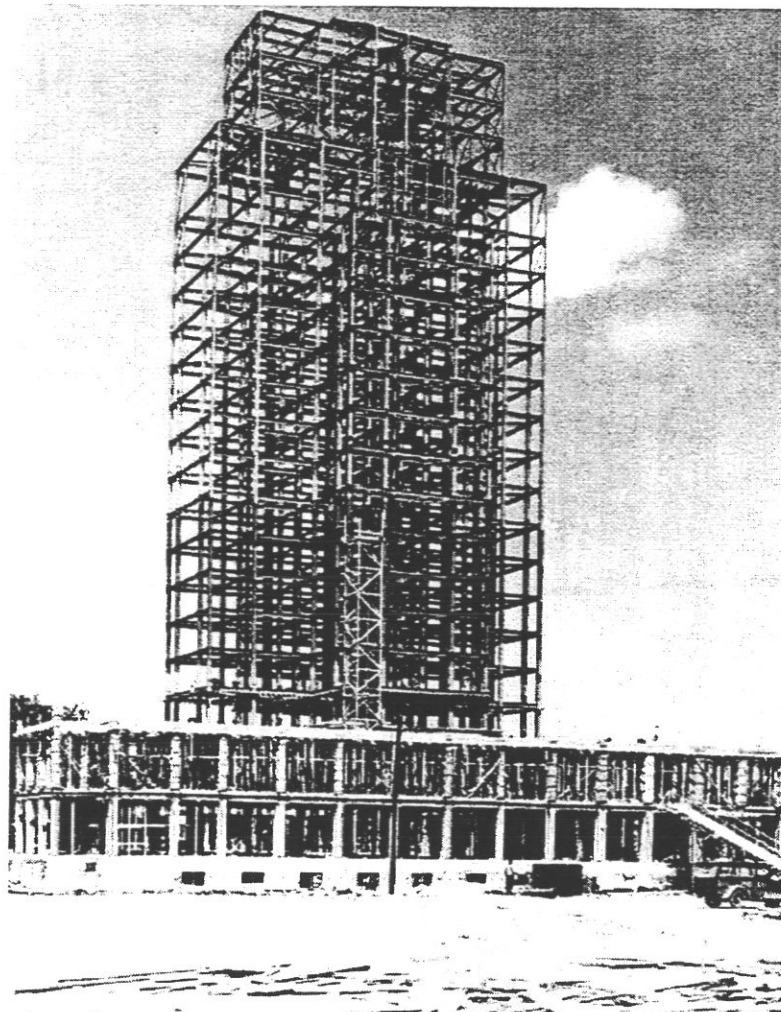


Figure 6.5 - General view of Main Building showing south face of south wing in foreground. August 6, 1940.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 1
PROPERTY RECORD NO: 200666

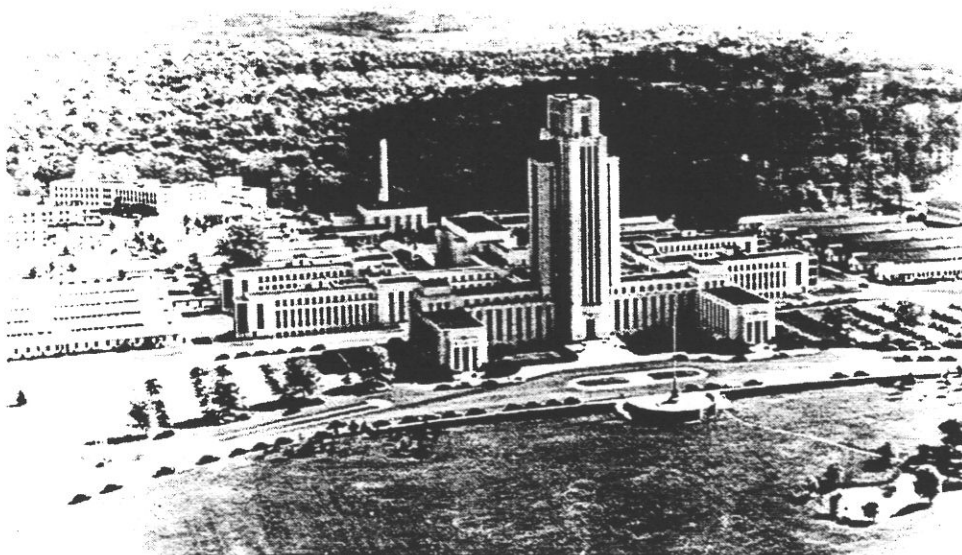


Figure 6.6 - National Naval Medical Center looking east toward temporary buildings.
No date.

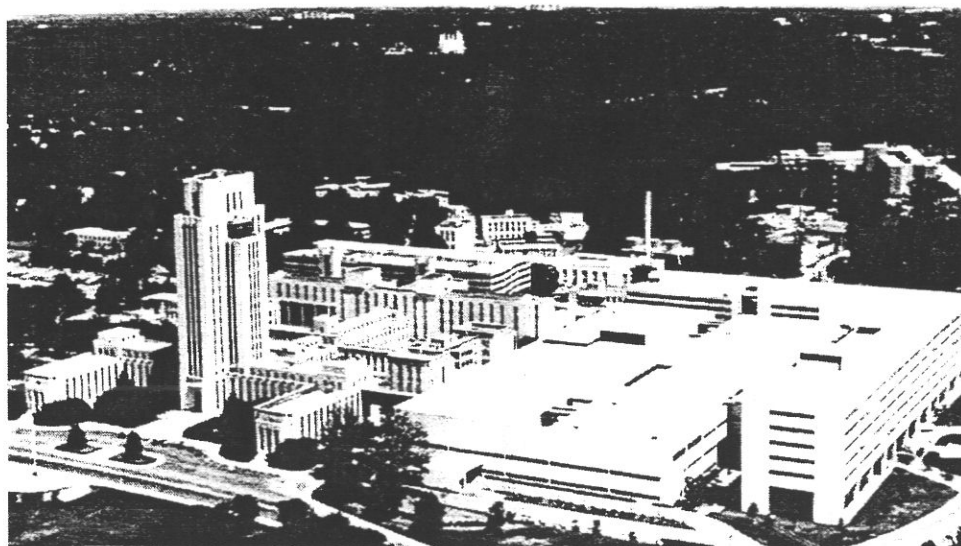
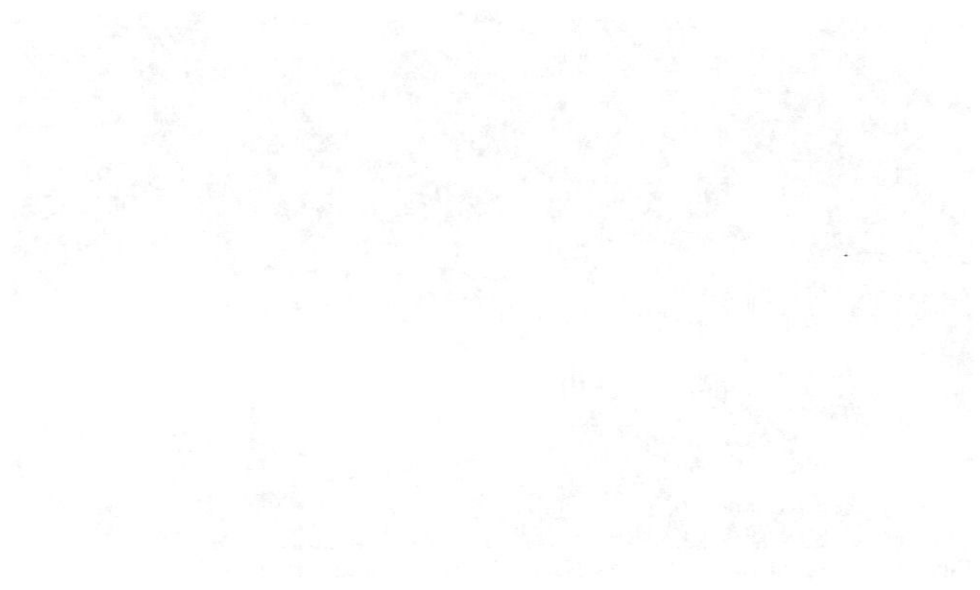
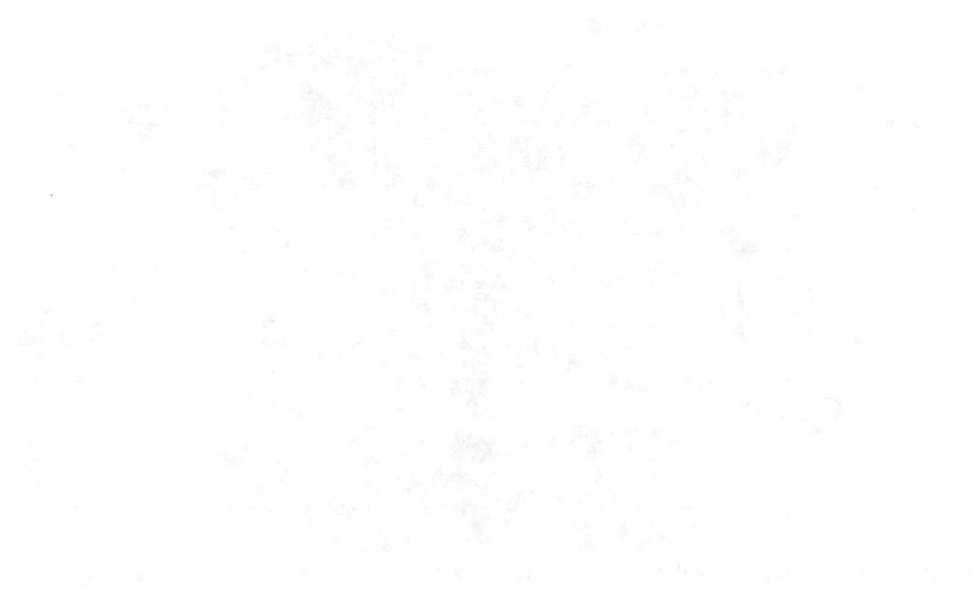


Figure 6.7 - Aerial view of the new National Naval Medical Center (1980).

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF THE HISTORY OF ARTS
AND ARCHITECTURE
1100 EAST 58TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-936-3300
FAX: 773-936-3301
WWW.HA.UCHICAGO.EDU



NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 2 PROPERTY RECORD NO: 200663

BUILDING NAME/HISTORIC NAME: Building 2/Subsistence & Recreation Building No.2

DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1985

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 3 (+Machine Floor & Penthouse) FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Built up roofing

SQUARE FOOTAGE: 105,104

NOTABLE FEATURES: Exposed aggregate panels; metal sash windows; serpentine spandrels

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Installed air conditioning, modified electrical system, rehabilitated officer's mess, altered projection booth, and made cafeteria, refrigeration, and lighting improvements.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939).

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES The architectural integrity of Building 2 has been compromised by a series of additions and other accommodations for new construction/expansion. Based on these changes, the building has been designated (for the purposes of this report) a Category II resource. Its historical significance as an integral component of the original, central cluster of buildings at the National Naval Medical Center is questioned. Intensive level survey necessary to confirm National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 2

PROPERTY RECORD NO: 200663

10. PHOTOGRAPHS



Figure 6.8 - Building 2, looking northeast in courtyard.



Figure 6.9 - North face of Building 2, looking south between Buildings 1 and 3.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 3 PROPERTY RECORD NO: 200750

BUILDING NAME/HISTORIC NAME: Building 3: Administration Building/Ward Building No.3

DATE OF CONSTRUCTION: 1942-1943 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 3 (+basement and sub-basement) FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Built up roofing

SQUARE FOOTAGE: 37,151

NOTABLE FEATURES: Exposed aggregate panels; metal sash; serpentine spandrels; granite base

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

- ☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 3 is an integral component of the original, central cluster of buildings constructed at the National Naval Medical Center, and survives relatively intact along with its twin, Building #5. Buildings 3 and 5 remain as two of the four original wings designed by Paul Cret to flank the Administration Building Tower and Building 2. Buildings 4 and 6, the accompanying duplicate wings to the south of the main tower, were substantially demolished in 1978 to accommodate new hospital construction. These structures no longer retain their original footprint r architectural integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 3

PROPERTY RECORD NO: 200750

10. PHOTOGRAPHS

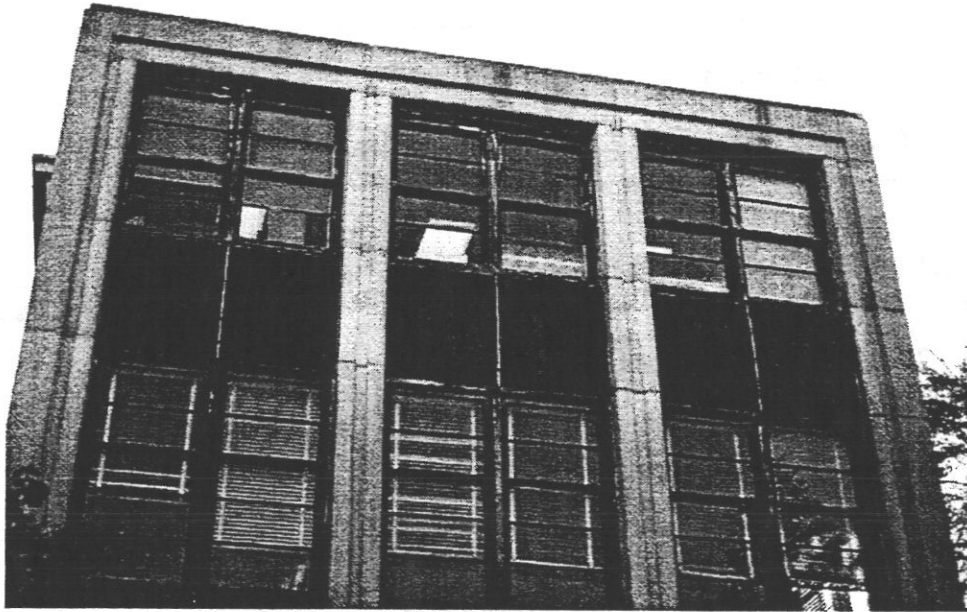


Figure 6.10 - Building 3, detail of north facade.

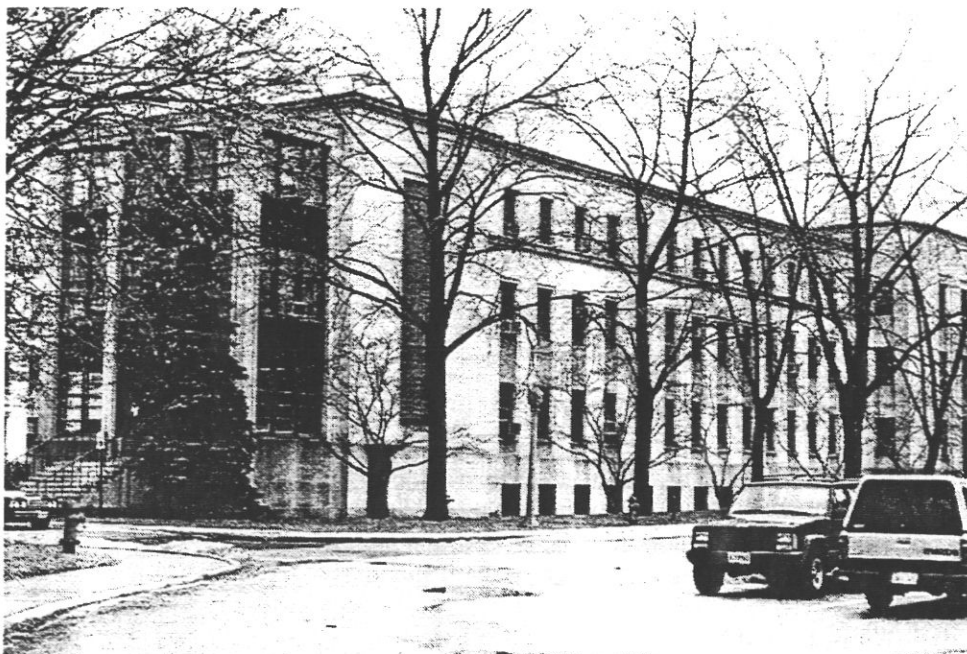


Figure 6.11 - Building 3, looking southeast.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 4 PROPERTY RECORD NO: 200751

BUILDING NAME/HISTORIC NAME: Building 4: Admin./Med Photo / Ward Building No.4

DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1978

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 4 FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Slab/Built up with insulation

SQUARE FOOTAGE: 16,534

NOTABLE FEATURES: Exposed aggregate panels; metal sash windows; serpentine spandrels; granite

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Demolition of entire southern wing to accommodate new Naval Hospital construction. Alterations to Chaplains Office and Hearing Room.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES _____
Architectural integrity compromised by significant alteration/demolition of original fabric/footprint.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 4

PROPERTY RECORD NO: 200751

10. PHOTOGRAPHS

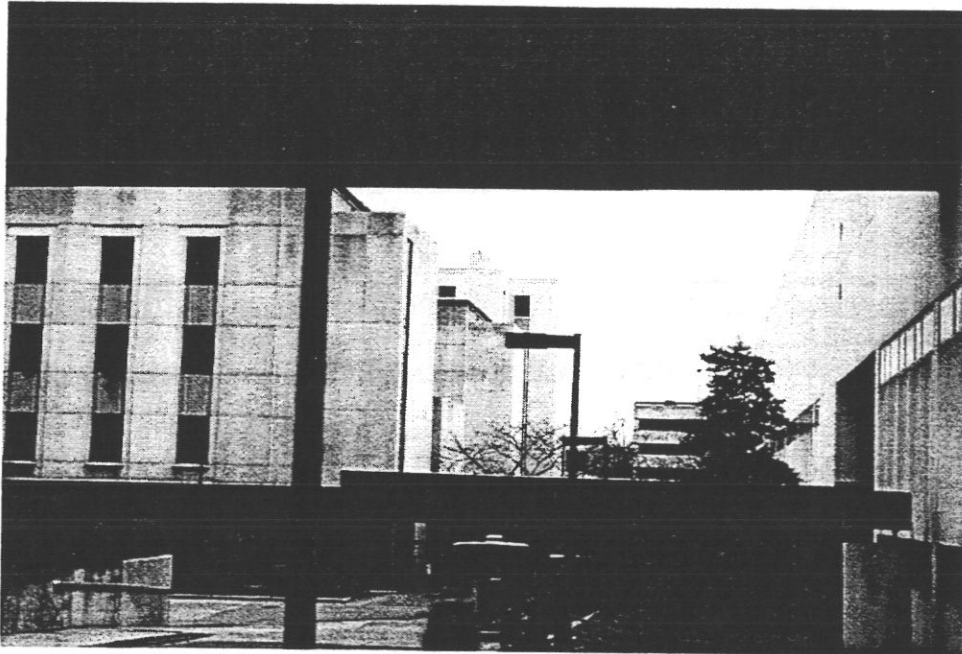


Figure 6.12 - Remaining sections of Buildings 4 and 6. Building 4 in foreground.

BUILDING NO: 4
PROPERTY RECORD NO: 200751



Figure 6.13 - Ward Building 4 in foreground, south face of east wing, March 21, 1941.

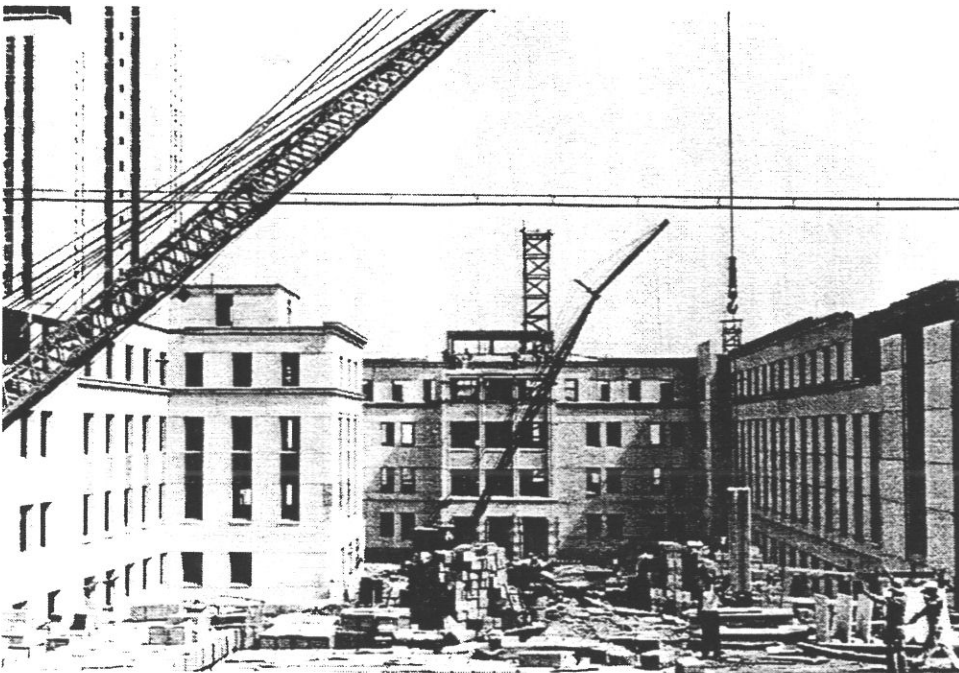


Figure 6.14 - Court between Ward Buildings 4 and 6, looking north. May 29, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 5 PROPERTY RECORD NO: 200608

BUILDING NAME/HISTORIC NAME: Building 5: Administration/Ward Building No.5

DATE OF CONSTRUCTION: 1942-1943 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 4 (+ basement) FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Slab/Built up with insulation

SQUARE FOOTAGE: 42,463

NOTABLE FEATURES: Exposed aggregate panels; metal sash windows; serpentine spandrels; granite

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Renovation for HN Program Ward.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 5 is an integral component of the original, central cluster of buildings constructed at the National Naval Medical Center, and survives relatively intact along with its twin, Building #3. Buildings 5 and 3 remain as two of the four original wings designed by Paul Cret to flank the Administration Building Tower and Building 2. Buildings 4 and 6, the accompanying duplicate wings to the south of the main tower, were substantially demolished in 1978 to accommodate new hospital construction. These structures no longer retain their original footprint architectural integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 5

PROPERTY RECORD NO: 200608

10. PHOTOGRAPHS

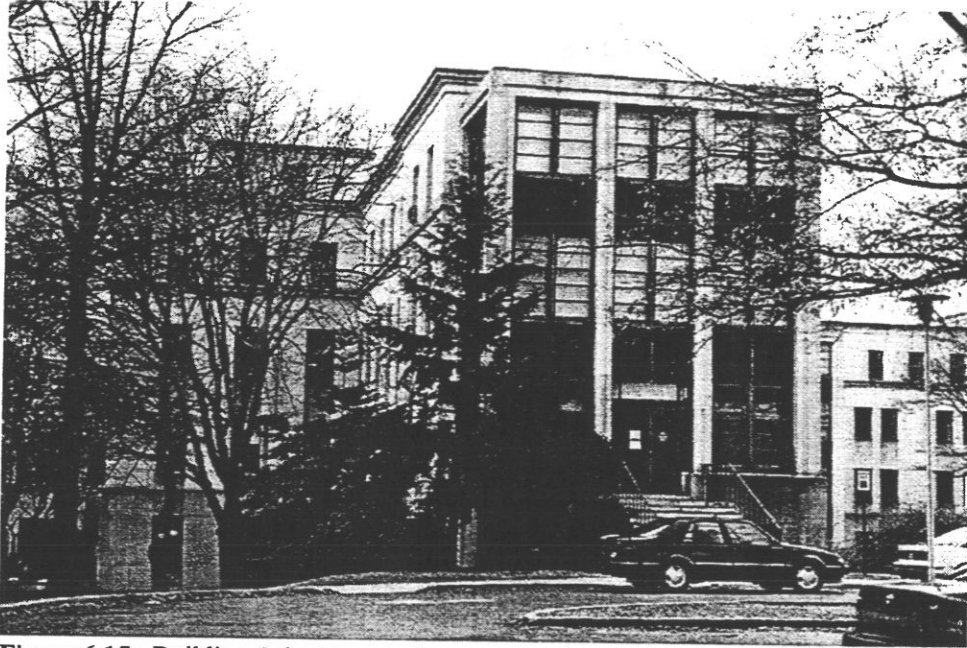


Figure 6.15 - Building 5, looking south.



Figure 6.16 - East elevation, Building 5, with Building 1 in background.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 5
PROPERTY RECORD NO: 200608

1. GENERAL

BUILDING NO.: 6 PROPERTY RECORD NO: 200623
 BUILDING NAME/HISTORIC NAME: Building 6: Admin./Med Photo / Ward Building No. 6
 DATE OF CONSTRUCTION: 1940-1942 MAJOR IMPROVEMENTS: 1978

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
 ☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Medical)
 CURRENT USE: Category: Defense Subcategory: Naval Facility (Medical)

2. DESCRIPTION

STORIES: 4 FOUNDATION: Concrete
 WALLS: Structural Steel/Concrete/Brick ROOF: Slab/Built up with insulation
 SQUARE FOOTAGE: 19,908
 NOTABLE FEATURES: Exposed aggregate panels; metal sash windows; serpentine spandrels

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Demolition of entire southern wing to accommodate new Naval Hospital construction.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES _____
Architectural integrity compromised by significant alteration/demolition of original fabric/footprint.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 6

PROPERTY RECORD NO: 200623

10. PHOTOGRAPHS

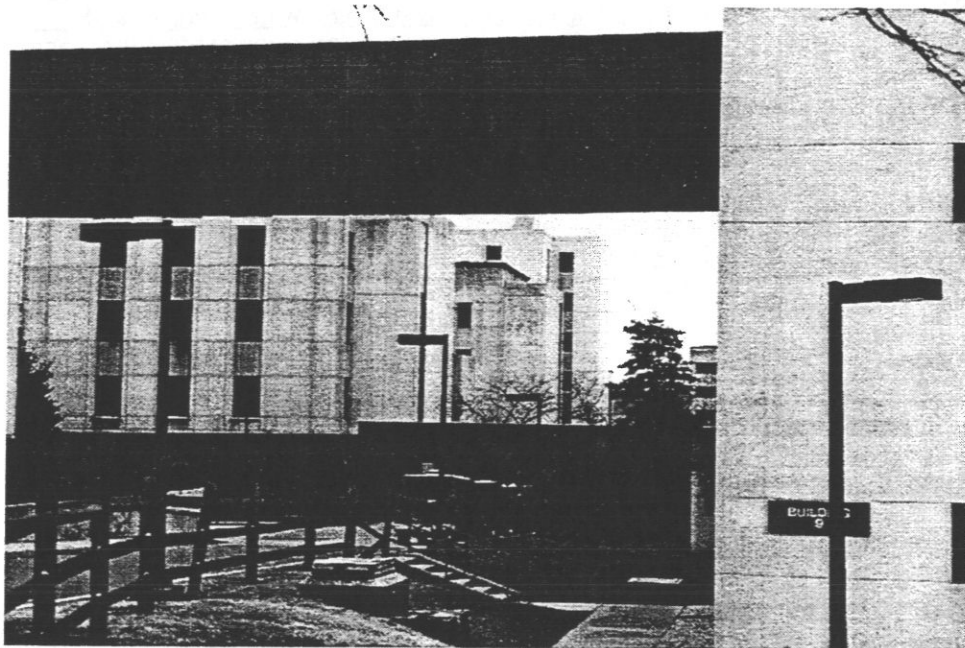


Figure 6.17 -Remaining sections of Buildings 4 and 6. Building 6 in background.

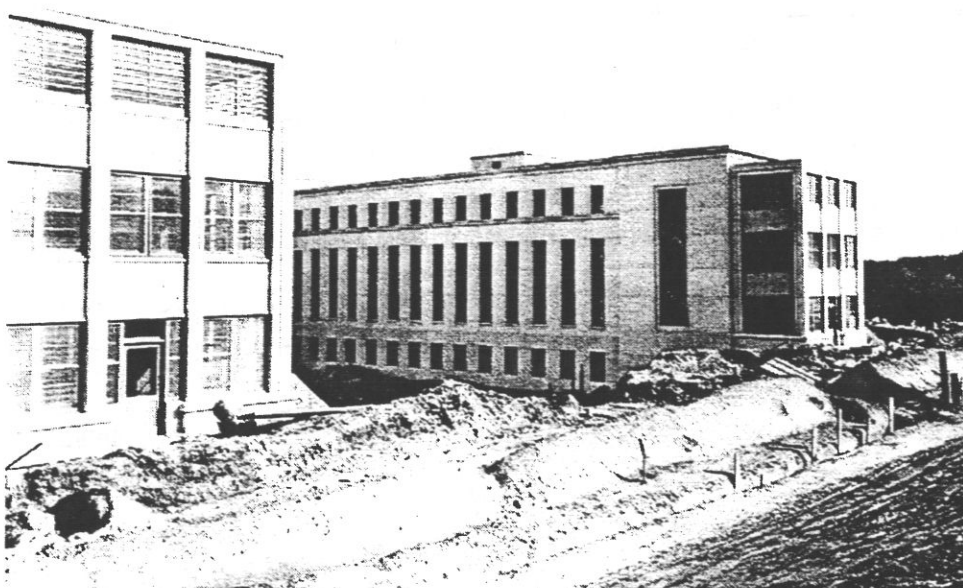


Figure 6.18 - View showing conditions between and south of Ward Buildings 4 and 6. November 3, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 11 PROPERTY RECORD NO: 200532
 BUILDING NAME/HISTORIC NAME: Building 11: BOQ/Nurses Quarters No. 11
 DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1983

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Housing)
 CURRENT USE: Category: Defense Subcategory: Naval Facility (Housing)

2. DESCRIPTION

STORIES: 3 (2+basement) FOUNDATION: Concrete
 WALLS: Structural Steel/Concrete/Brick ROOF: Slab/Built up with insulation
 SQUARE FOOTAGE: 52,601
 NOTABLE FEATURES: Exposed aggregate panels; tunnel to Building 1; neo-classical entrance detail

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: Deck and window replacement, upgrade fire protection/HVAC, renovation and alteration to main support spaces, roof replacement, and alterations to main lobby.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Despite a fairly substantial addition to the south and east, Building 11 retains its essential architectural integrity. Building 11 is one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center site.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 11

PROPERTY RECORD NO: 200532

10. PHOTOGRAPHS

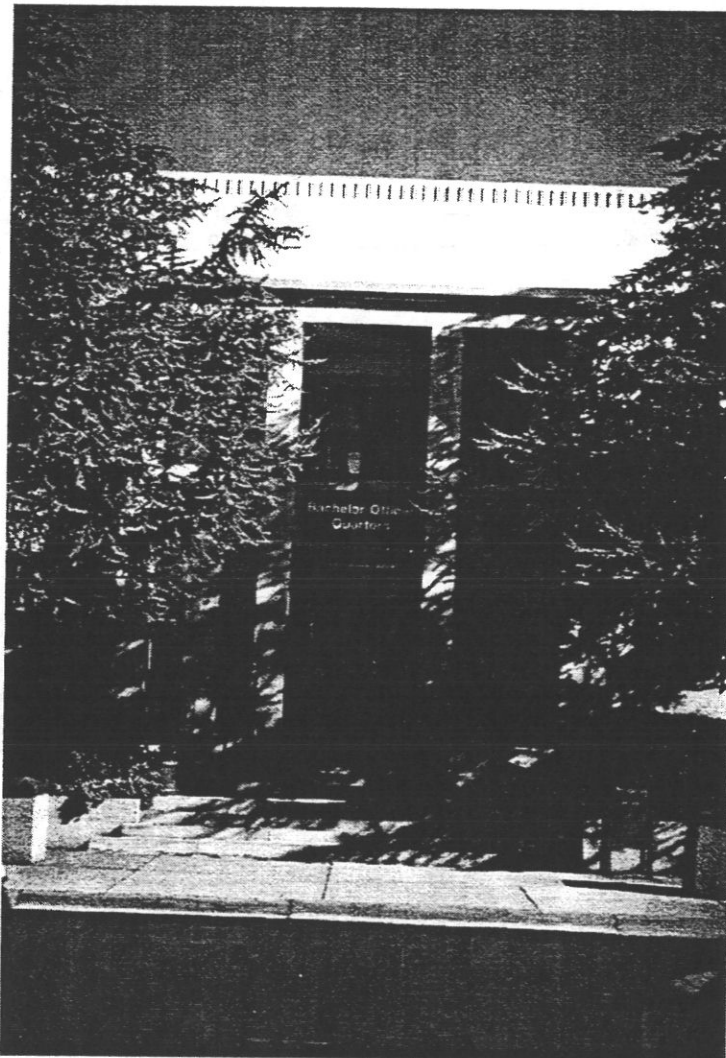


Figure 6.19 - Building 11, main entrance.

BUILDING NO: 11
PROPERTY RECORD NO: 200532

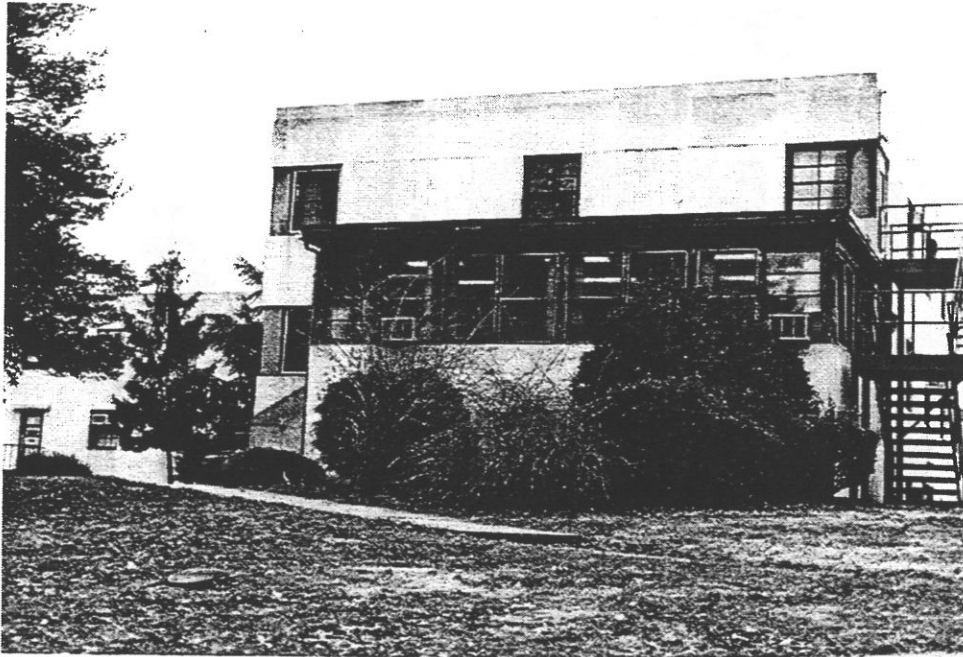


Figure 6.20 - South elevation, Building 11, looking north.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 11

PROPERTY RECORD NO: 200532



Figure 6.21 - Nurses' Quarters, National Naval Medical Center. No date.



Figure 6.22 - Front view of Nurses' Quarters. July 10, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 12 PROPERTY RECORD NO: 200408

BUILDING NAME/HISTORIC NAME: Building 12: M&D Hold Facility/Corpsmen Quarters No.12

DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1983

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Housing)

2. DESCRIPTION

STORIES: 3 (2+basement)

FOUNDATION: Concrete

WALLS: Structural Steel/Concrete

ROOF: Slab/Built up with insulation/gravel

SQUARE FOOTAGE: 52,601

NOTABLE FEATURES: Pre-cast concrete panels with variations in tone; layout and building footprint

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine

☒ B. Association with military personnel

☒ C. Illustrates building type and work of master

☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 12 has been used continuously as housing for officers and has retained its architectural integrity. The Corpsmen Quarters was one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center site.

9. MAJOR BIBLIOGRAPHIC REFERENCES

BUILDING NO: 12

PROPERTY RECORD NO: 200408

10. PHOTOGRAPHS

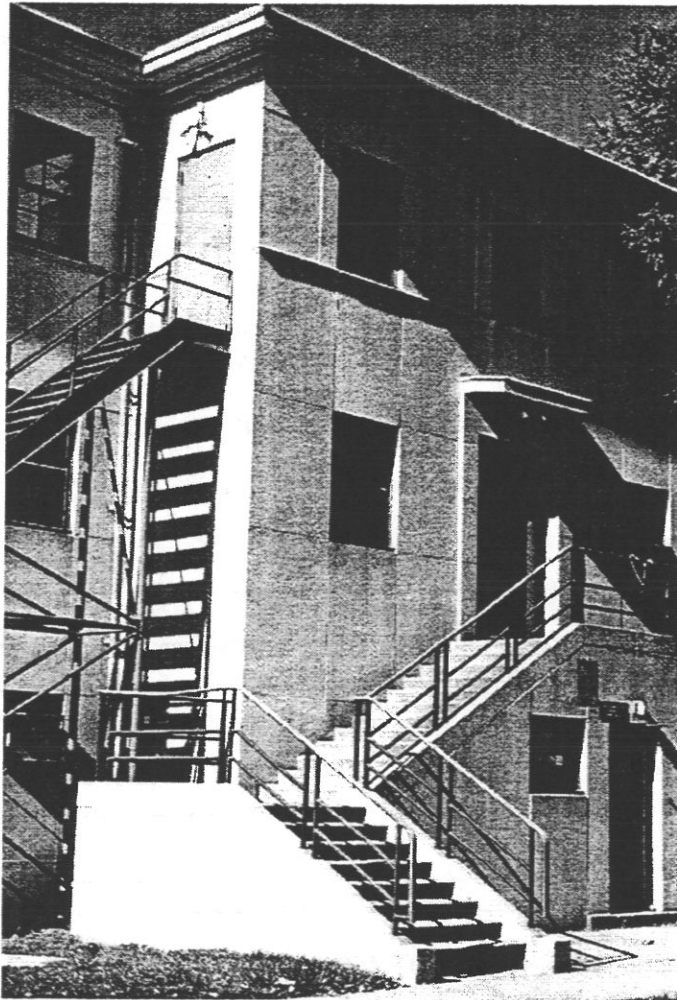


Figure 6.23 - East elevation, Building 12, looking northwest.

BUILDING NO: 12
PROPERTY RECORD NO: 200408

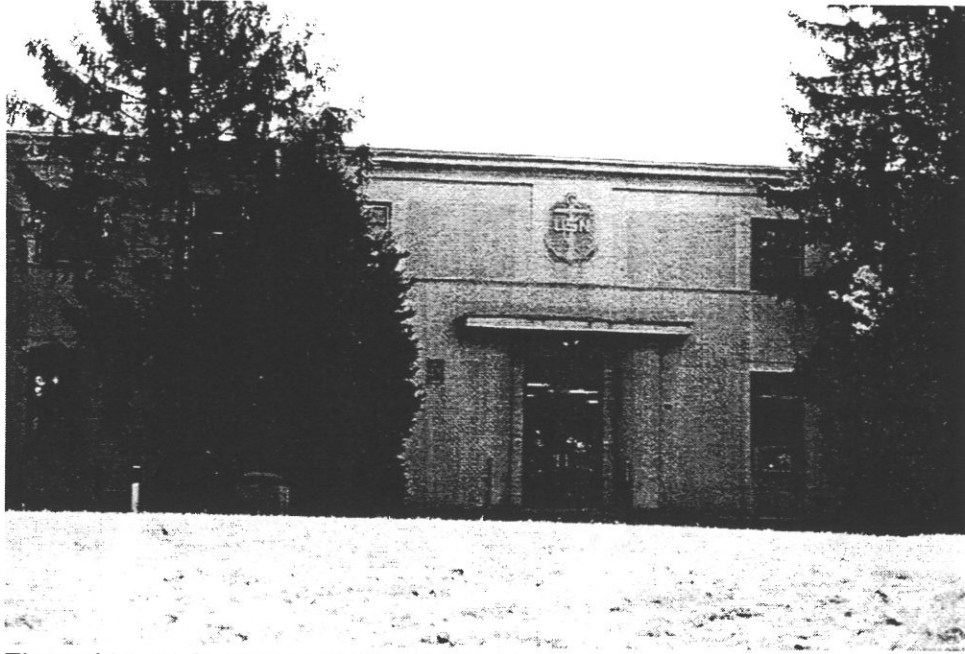


Figure 6.24 - Main entrance, Building 12, looking south.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 12

PROPERTY RECORD NO: 200408



Figure 6.25 - Hospital Corpsmen's Quarters, Building 12, looking northwest.
March 21, 1941.



Figure 6.26 - Front view of Corpsmen's Quarters. September 17, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 13 PROPERTY RECORD NO: 200620

BUILDING NAME/HISTORIC NAME: Building 13: Public Works/Laundry and Garage

DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1983

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Support)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Support)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Built up roofing

SQUARE FOOTAGE: 18,144

NOTABLE FEATURES: Pre-cast exposed aggregate panels; metal canopy; steel pivot, ribbon windows

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Conversion from laundry to administration office and supply/storage space in 1983. Garage doors infilled along east elevation.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 13 continues to operate as a service facility, and retains its architectural integrity. Building 13 was one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 13

PROPERTY RECORD NO: 200620

10. PHOTOGRAPHS

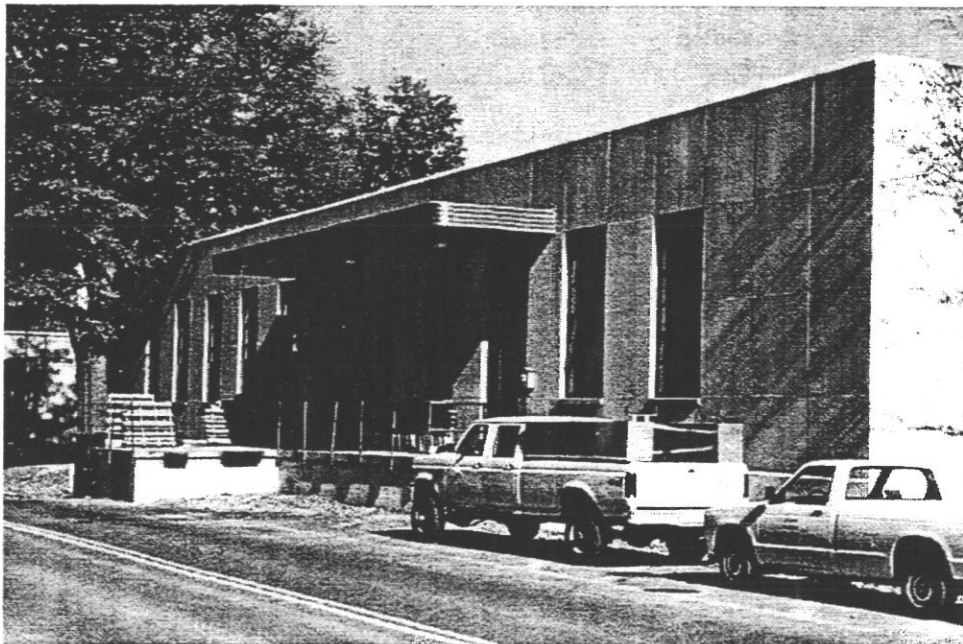


Figure 6.27 - Building 13, looking northeast.

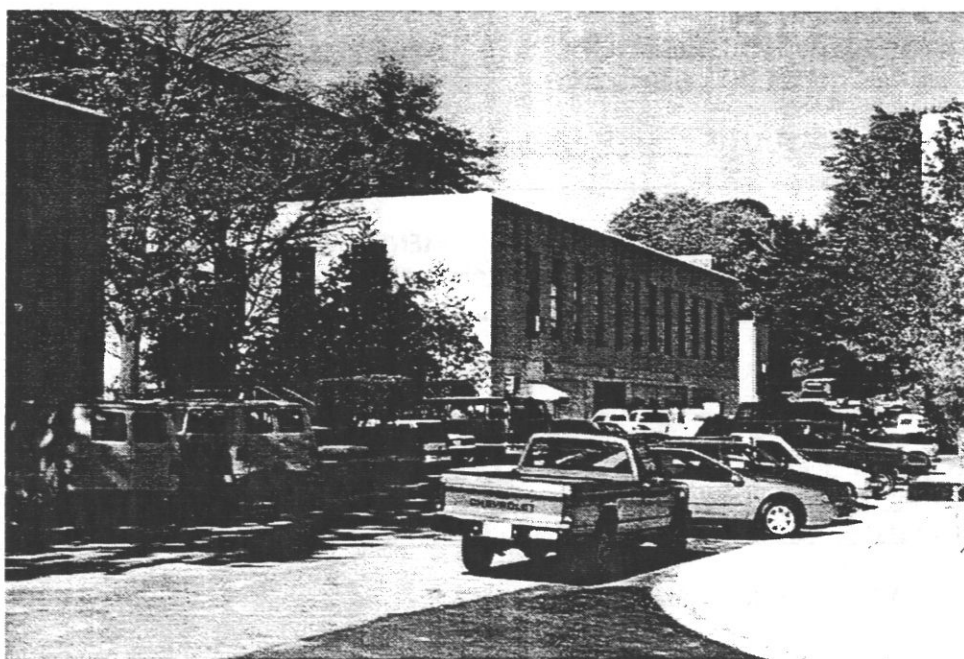


Figure 6.28 - Rear of Building 13, looking northwest.

BUILDING NO: 13
PROPERTY RECORD NO: 200620

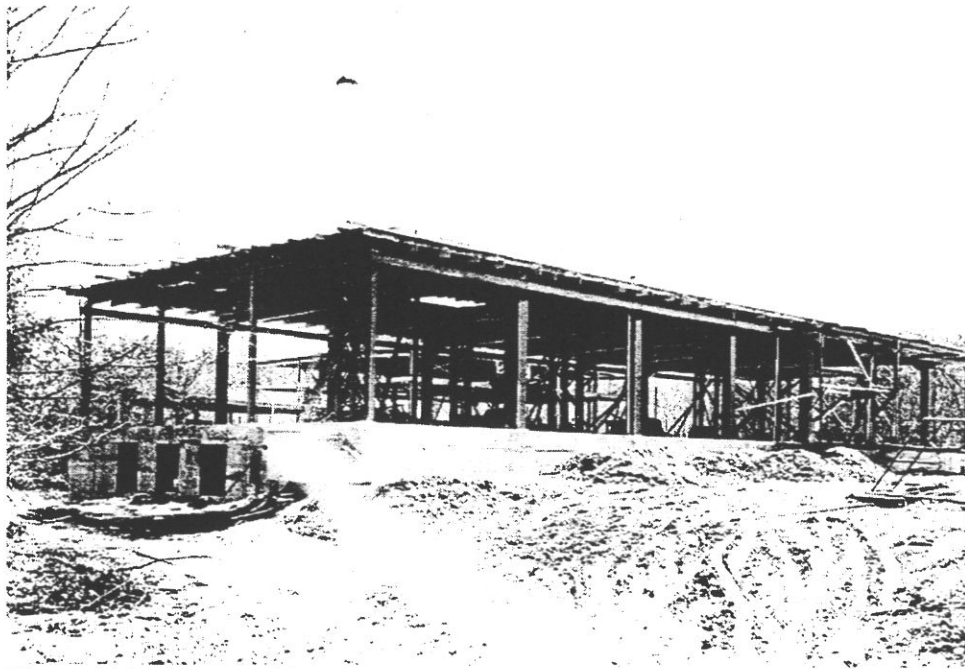


Figure 6.29 - Garage and laundry, Building 13, looking southeast. March 21, 1941.



Figure 6.30 - View showing conditions in Laundry and Heating Plant area.
November 3, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 14 PROPERTY RECORD NO: 200515

BUILDING NAME/HISTORIC NAME: Building 14: Facilities Management/Storehouses

DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Support)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Support)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Slab/Built up

SQUARE FOOTAGE: 26,840

NOTABLE FEATURES: Pre-cast exposed aggregate panels; metal canopy; steel pivot, ribbon windows

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Conversion from storehouse to administrative offices and support facility. Major addition along southern elevation.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES A substantial addition to Building 14 has somewhat compromised its architectural integrity. Further historical research is necessary to determine Cret's involvement in the design of the building as his firm's name does not appear on the drawings received from the National Naval Medical Center. Intensive level survey necessary to officially determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 14

PROPERTY RECORD NO: 200515

10. PHOTOGRAPHS

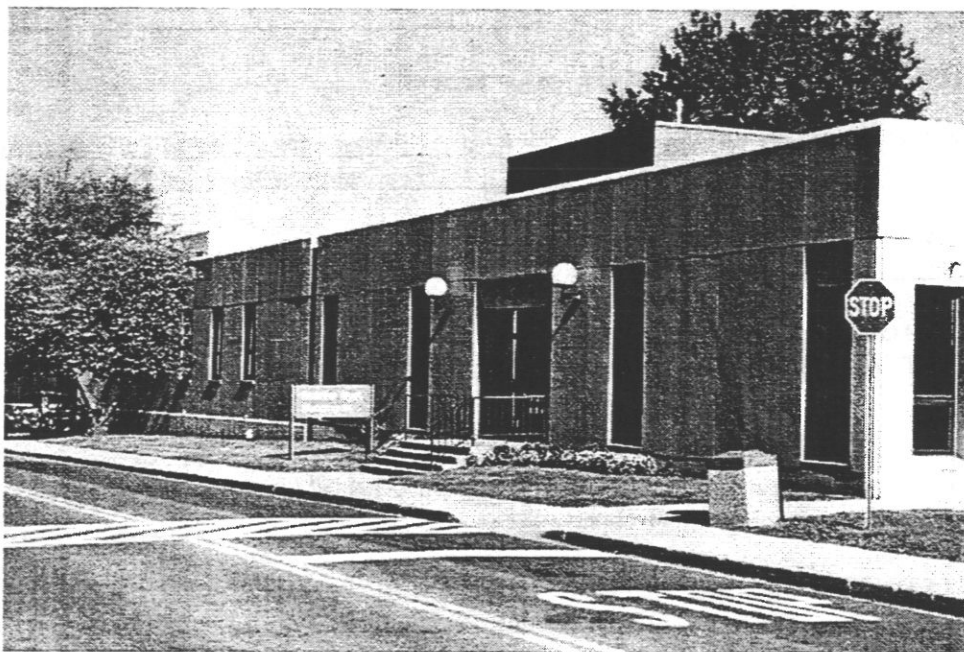


Figure 6.31 - Building 14, looking northeast.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 15 PROPERTY RECORD NO: 200637
 BUILDING NAME/HISTORIC NAME: Building 15: Public Works Shop/Maintenance Shop
 DATE OF CONSTRUCTION: 1943-1944 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Support/Svc.)
 CURRENT USE: Category: Defense Subcategory: Naval Facility (Support/Svc.)

2. DESCRIPTION

STORIES: 1 (+basement) FOUNDATION: Concrete
 WALLS: Structural Steel/Concrete/Brick ROOF: Built up roofing with 2" insulation
 SQUARE FOOTAGE: 10,752
 NOTABLE FEATURES: Pre-cast exposed aggregate panels; concrete marquis; louver windows

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 15 has been used continuously as a maintenance/service shop and has retained its architectural integrity. Building 15 is one of the original collection of buildings designed by Paul Cret, to be constructed at the National Naval Medical Center.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 15

PROPERTY RECORD NO: 200637

10. PHOTOGRAPHS

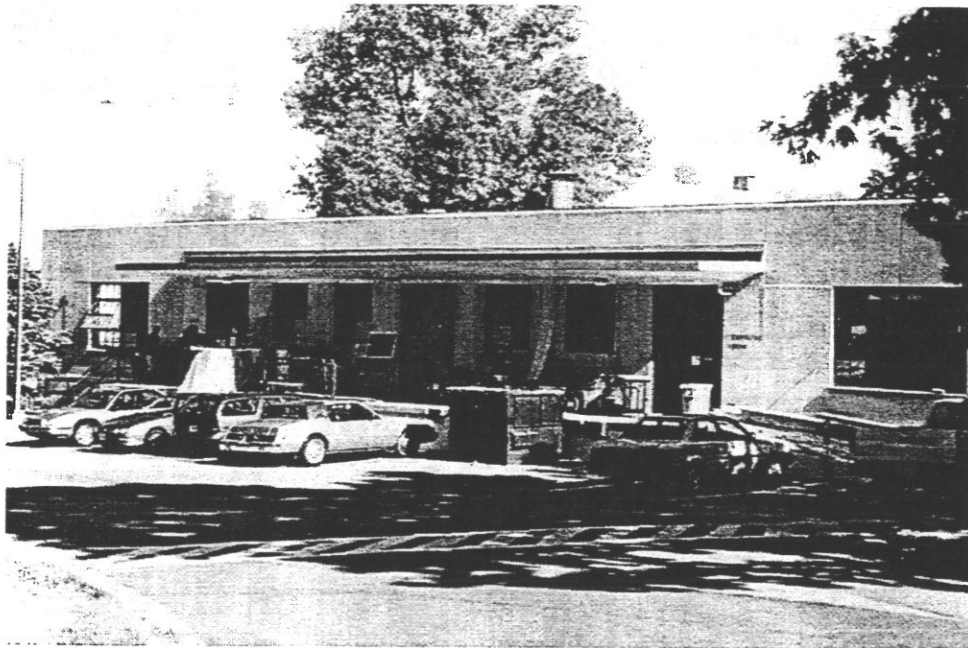


Figure 6.32 - Building 15, looking east.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 16 PROPERTY RECORD NO: 200443
BUILDING NAME/HISTORIC NAME: Building 16: Utility Plant/Heating and Refrigeration Plan No.16
DATE OF CONSTRUCTION: 1940-1941 MAJOR IMPROVEMENTS: 1992

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Support)
CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Support)

2. DESCRIPTION

STORIES: 2 (+basement) FOUNDATION: Concrete
WALLS: Structural Steel/Concrete/Brick ROOF: Built up with 1" insulation/slab
SQUARE FOOTAGE: 47,744
NOTABLE FEATURES: Pre-cast aggregate panels; series of steel pivot windows; corrugated wire glass

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as an individual landmark and as a contributing building in potential National Register
historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 16 has been used continuously for utility purposes, and the
building has retained its architectural integrity. Building 16 is one of the original collection of buildings, designed
by Paul Cret, to be constructed at the National Naval Medical Center.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 16

PROPERTY RECORD NO: 200443

10. PHOTOGRAPHS



Figure 6.33 - Building 16, looking southeast.



Figure 6.34 - Building 16, looking northeast.

BUILDING NO: 16
PROPERTY RECORD NO: 200443

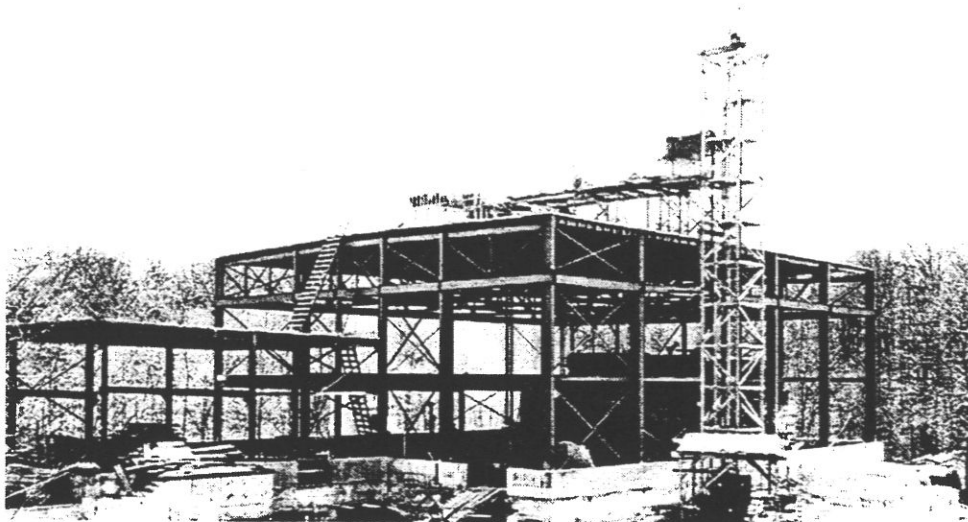


Figure 6.35 - Heating and Refrigeration Plant, Building 16, looking southeast.
March 21, 1941.

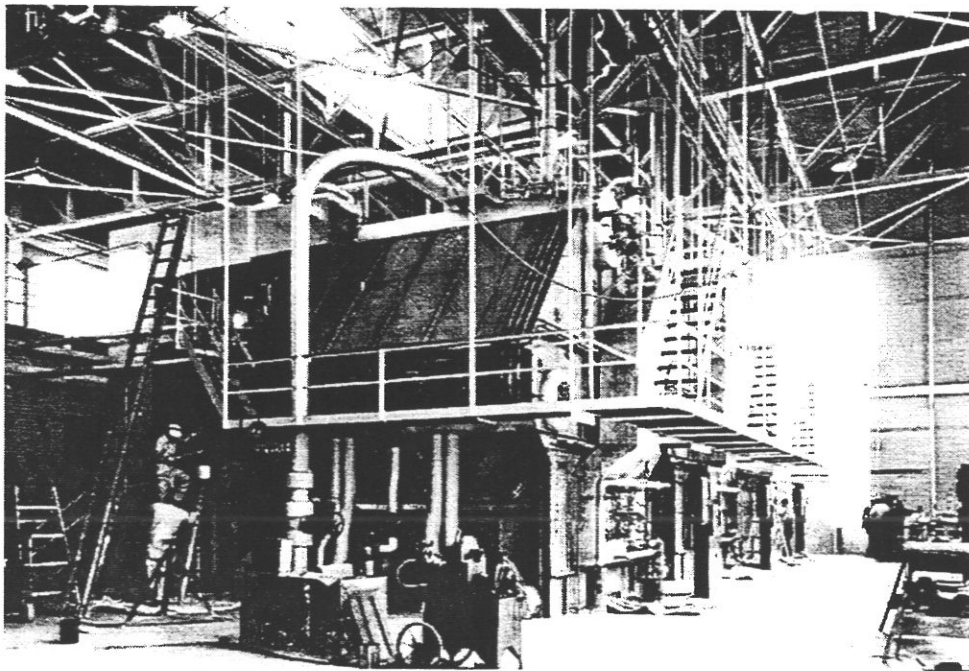


Figure 6.36 - Heating Plant, Building 16. December 11, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 17 (17A and 17B) PROPERTY RECORD NO: 200654

BUILDING NAME/HISTORIC NAME: Building 17: NMRI/Research Building and Animal House

DATE OF CONSTRUCTION: 1940-1942 (1944-46) MAJOR IMPROVEMENTS: 1983

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Research)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Research)

2. DESCRIPTION

STORIES: 3 (w/penthouse and basement) FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Built up

SQUARE FOOTAGE: 82,173

NOTABLE FEATURES: Pre-cast exposed aggregate panels; bronze doors; canopy; flush granite base

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Annex additions to original center building in 1944-46.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy researchers
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 17 (17A and 17B) was designed and constructed for the National Medical Research Institute, and has been used continuously for this purpose. Building 17 retains its architectural integrity. The building was one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center. Intensive level survey necessary to confirm National Register eligibility. Further examination of laboratory equipment, furniture, experiments, and achievements also warranted.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 17

PROPERTY RECORD NO: 200654

10. PHOTOGRAPHS

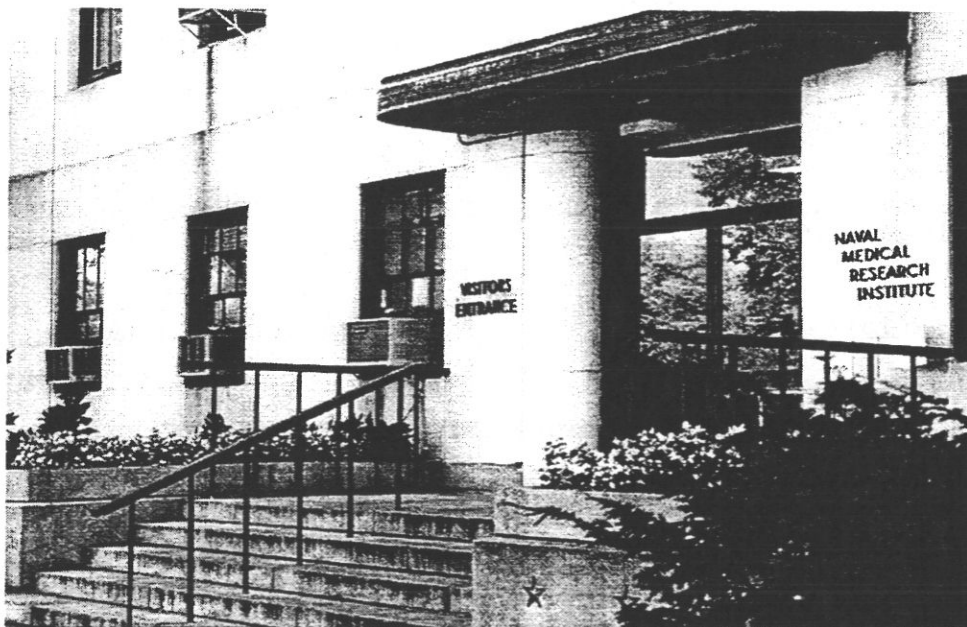


Figure 6.37 - Main entrance, Building 17, looking southeast.

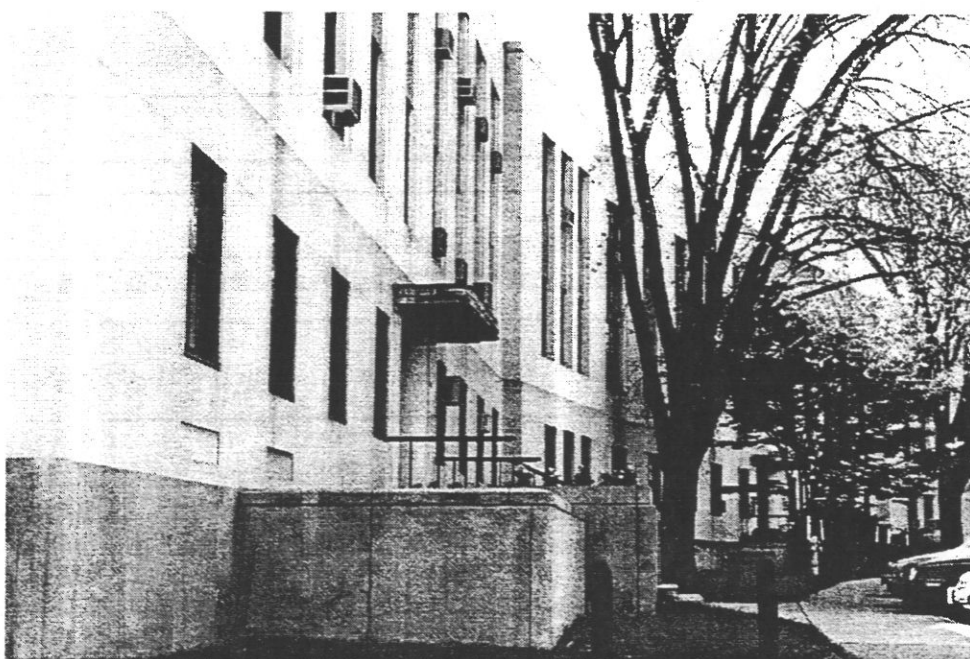


Figure 6.38 - Main facade, Building 17, looking west.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 18 PROPERTY RECORD NO: 200653

BUILDING NAME/HISTORIC NAME: Building 18: NMRI/Animal House

DATE OF CONSTRUCTION: 1942

MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Research)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Research)

2. DESCRIPTION

STORIES: 3

FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick

ROOF: Built-up roofing

SQUARE FOOTAGE: 13,553

NOTABLE FEATURES: Pre-cast exposed aggregate concrete panels; metal canopy; concrete platform

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Repair/upgrade HVAC, renovate imaging labs, roof replacement, repairs to electrical and fire protection systems.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine

☒ B. Association with Navy researchers

☒ C. Illustrates building type and work of master

☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as contributing building in potential National Register historic district or as complex.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 18 is one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center. The building is directly associated with the mission and function of the National Medical Research Institute. Intensive level research necessary confirm National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 18

PROPERTY RECORD NO: 200653

10. PHOTOGRAPHS



Figure 6.39 - East facade, Building 18, looking northwest.

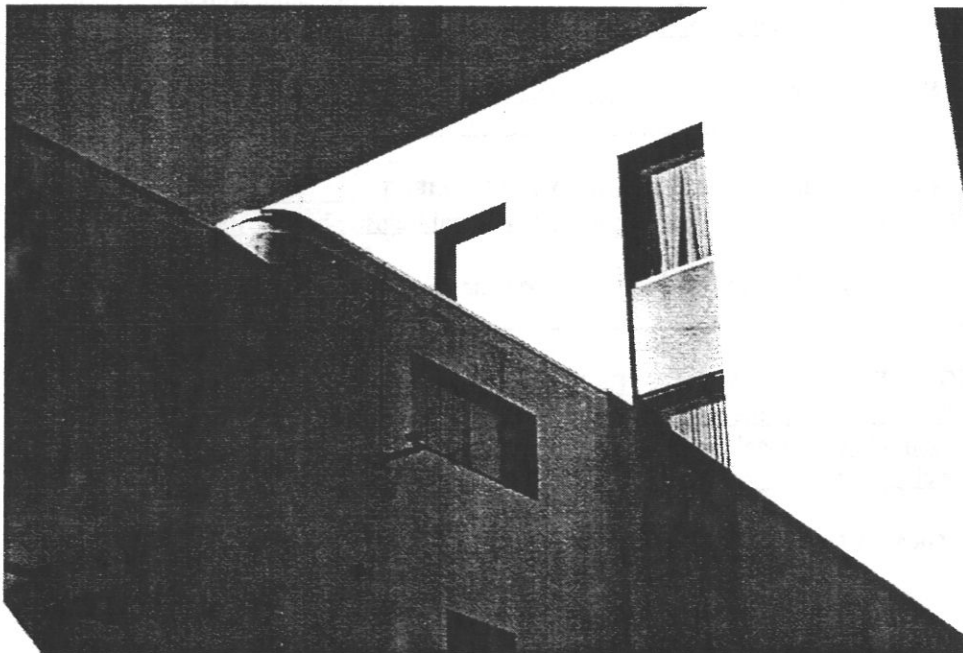


Figure 6.40 - Building 18 adjoining Building 17, looking northwest.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 20 PROPERTY RECORD NO: 200098

BUILDING NAME/HISTORIC NAME: Building 20: Firehouse/Fire Station Building No.20

DATE OF CONSTRUCTION: 1944 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Service)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Service)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick Corbel ROOF: Built up with 1" insulation

SQUARE FOOTAGE: 3,725

NOTABLE FEATURES: Stucco; pre-cast concrete coping; tower w/wood louvers; overhead doors

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Concrete block addition along southern elevation.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 20 is one of the original collection of buildings, designed by Paul Cret, to be constructed at the National Naval Medical Center. Building 20 retains its architectural integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 20

PROPERTY RECORD NO: 200098

10. PHOTOGRAPHS

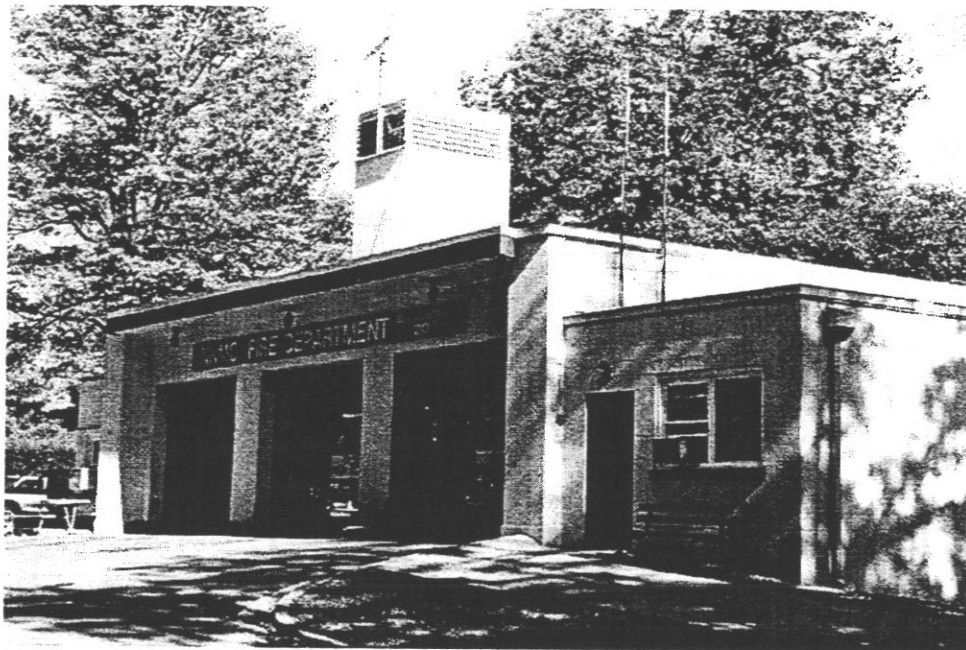


Figure 6.41 - Main facade, Building 20, looking northeast.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 21 PROPERTY RECORD NO: 200656

BUILDING NAME/HISTORIC NAME: Building 21: NMRI Animal House/New Animal House

DATE OF CONSTRUCTION: 1944-1946 MAJOR IMPROVEMENTS: 1984

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Research)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Research)

2. DESCRIPTION

STORIES: 3 (w/basement and penthouse) FOUNDATION: Concrete

WALLS: Structural Steel/Concrete/Brick ROOF: Built up roofing

SQUARE FOOTAGE: 38,400

NOTABLE FEATURES: Glass block; spandrel panels; concrete facade; steel sash windows;

CONDITION: ☐ Excellent ☒ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy researchers
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____

Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 21 retains its architectural integrity and is directly associated with the mission and function of the National Medical Research Institute. Intensive level survey necessary to confirm National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 21

PROPERTY RECORD NO: 200656

10. PHOTOGRAPHS

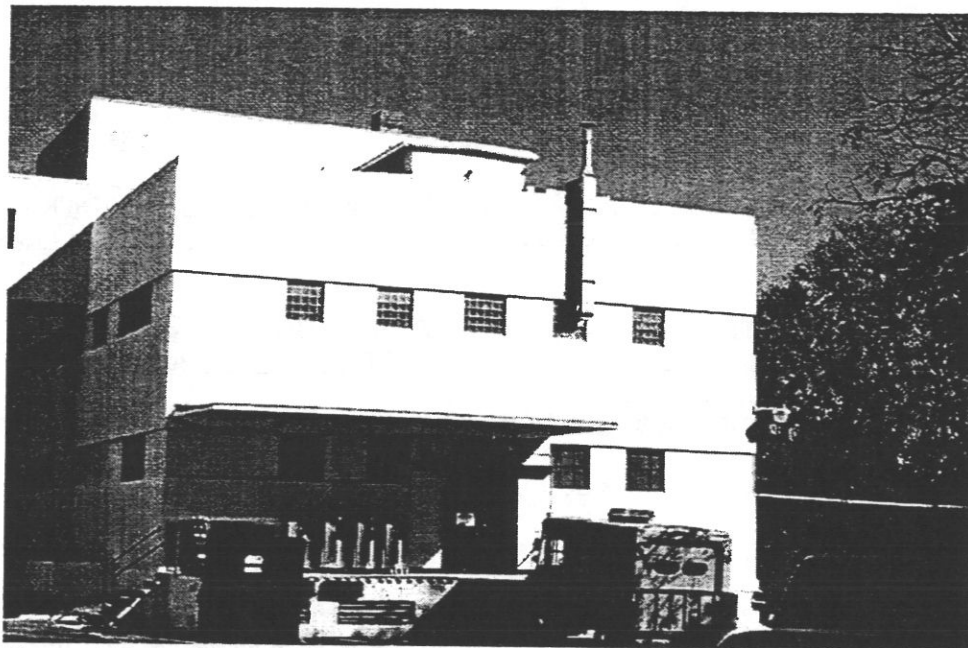


Figure 6.42 - Building 21, looking east.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 22 PROPERTY RECORD NO: 200046

BUILDING NAME/HISTORIC NAME: Chemical Building / Chemical Building- Storage

DATE OF CONSTRUCTION: 1944 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☐ Building ☐ District ☐ Site ☒ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Storage)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Storage)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Concrete ROOF: _____

SQUARE FOOTAGE: 180

NOTABLE FEATURES: _____

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☐ C. _____ ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY

☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Intensive level survey necessary to determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 22

PROPERTY RECORD NO: 200046

10. PHOTOGRAPHS



Figure 6.43 - Building 22, looking south.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 23 PROPERTY RECORD NO: 200662

BUILDING NAME/HISTORIC NAME: Building 23: Officers Club/Recreation Building

DATE OF CONSTRUCTION: 1944-1945 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Rec.)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Rec.)

2. DESCRIPTION

STORIES: 3 (with penthouse) FOUNDATION: Concrete

WALLS: Concrete/Stone ROOF: Slab/Gravel

SQUARE FOOTAGE: 90,756

NOTABLE FEATURES: Local stone; slate roof; concrete sills; wood siding; corresponding bridges;

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: Building appears to have been significantly altered from its original design along its interior and exterior. Alterations made to gymnasium and pools wings, information center and lounges.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____
Potentially eligible as contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Significant alterations have been made to the building's original fabric, compromising its architectural integrity. Intensive level survey necessary to determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 23

PROPERTY RECORD NO: 200662

10. PHOTOGRAPHS

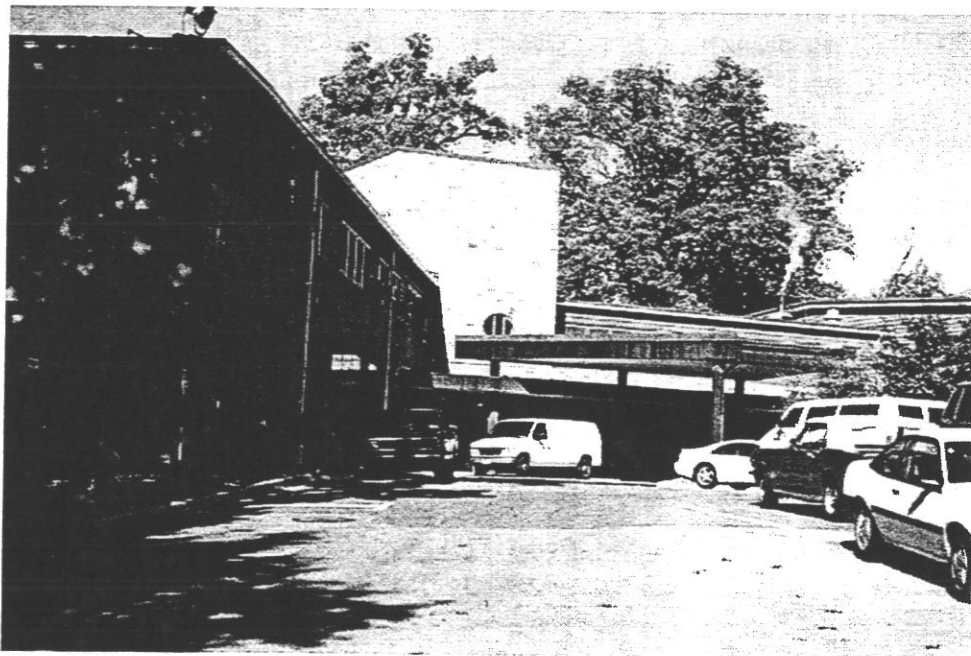


Figure 6.44 - Main entrance, Building 23, looking north.

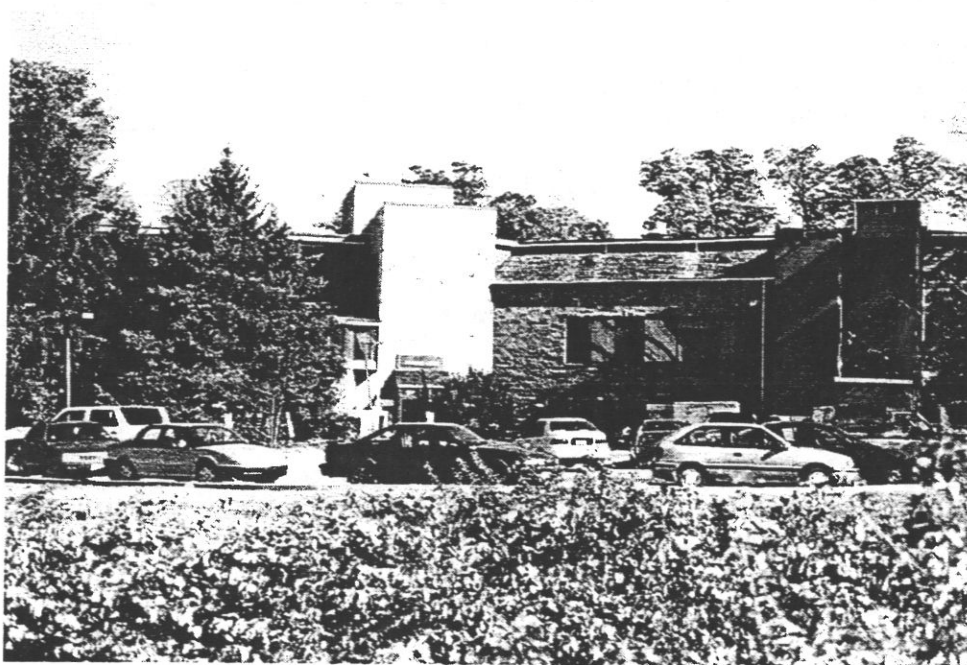


Figure 6.45 - West elevation, Building 23, looking east.

BUILDING NO: 23
PROPERTY RECORD NO: 200662



Figure 6.46 - Recreational and Occupational Therapy Buildings. View showing access road and rear entrance to Recreation Building. November 14, 1945.

Very faint, illegible text at the top of the page, possibly a header or title.

A large, faint, rectangular block of illegible text in the center of the page, possibly a main body of text or a large heading.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 30 PROPERTY RECORD NO: 200336

BUILDING NAME/HISTORIC NAME: Flagpole/Terrace Walls Steps Flagpole

DATE OF CONSTRUCTION: 1941-1942 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☐ Building ☐ District ☐ Site ☐ Structure
☒ Object ☐ _____

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Landscape)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Landscape)

2. DESCRIPTION

STORIES: 90 Feet FOUNDATION: Structural concrete slab

WALLS: N/A ROOF: N/A

SQUARE FOOTAGE: N/A

NOTABLE FEATURES: Flagstone, granite and bronze base; anchors/cleat/stars; stone terrace and wall

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as an individual landmark and as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES

Flagpole and terrace an integral component of Building 1 and the surrounding landscape composition.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 30

PROPERTY RECORD NO: 200336

10. PHOTOGRAPHS

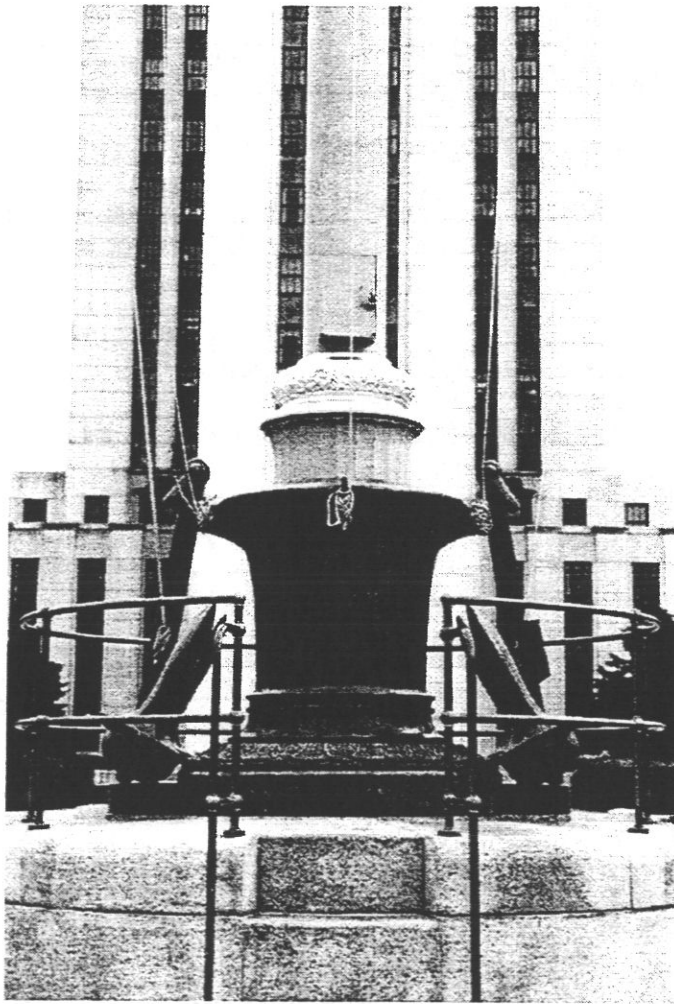


Figure 6.47 - Flagpole detail, Building 30, looking east.

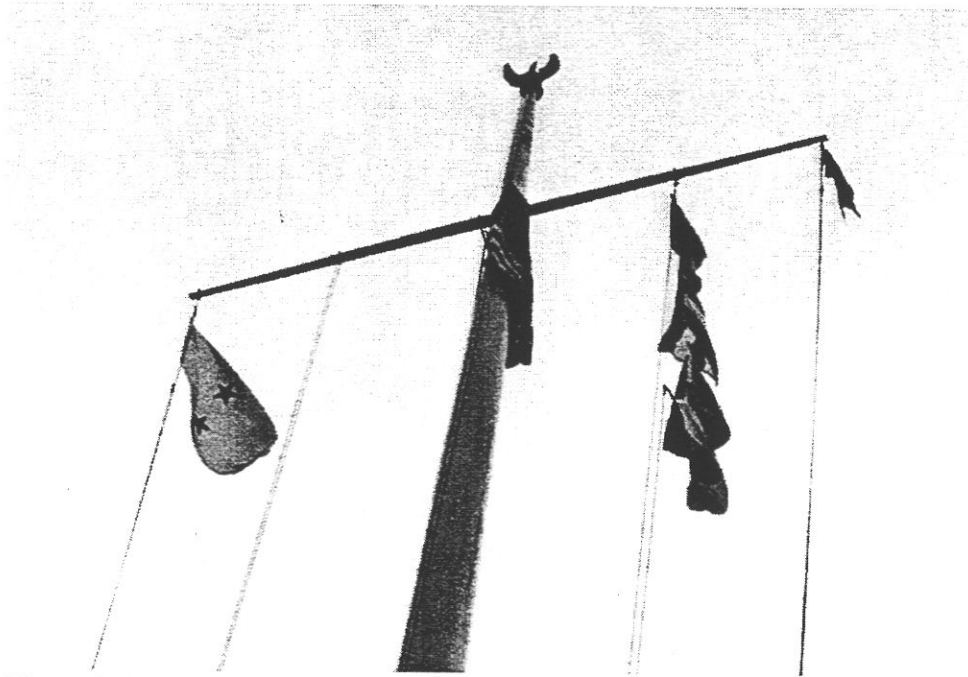


Figure 6.48 - Flagpole detail, Building 30.

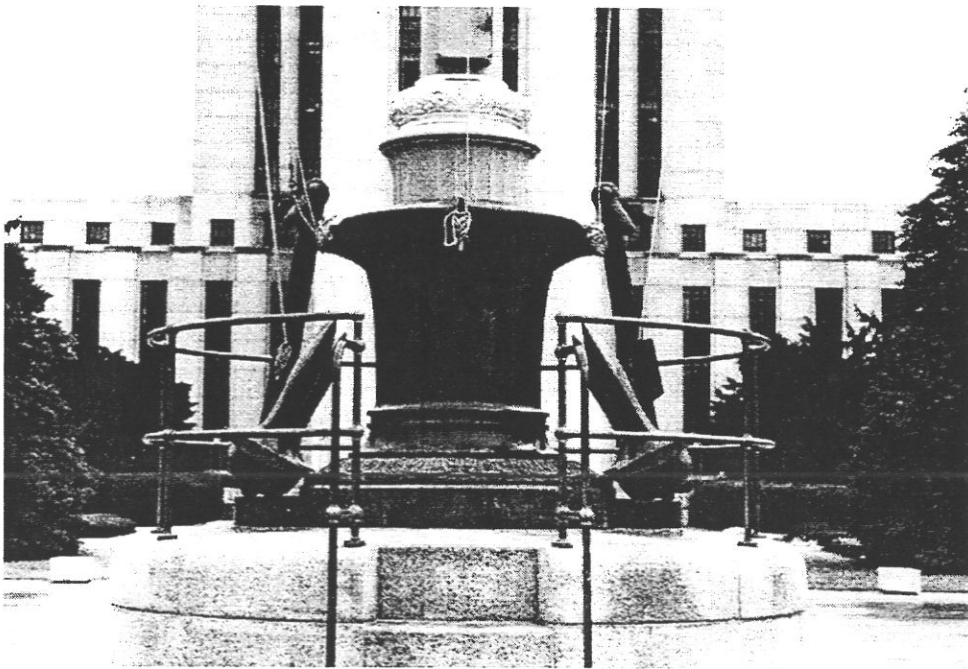


Figure 6.49 - Flagpole detail, Building 30, looking east.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 34 PROPERTY RECORD NO: 200649

BUILDING NAME/HISTORIC NAME: Surgeon Generals Quarters A/ Officers Quarters A

DATE OF CONSTRUCTION: 1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete slab and footing

WALLS: Brick and concrete block ROOF: Slate

SQUARE FOOTAGE: 5613

NOTABLE FEATURES: Site planning; cast iron ornament; brick facade; porch w/flagstone base

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Roof replacement, exterior painting, and boiler replacement. Garage unit added to Quarters A.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy personnel
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES

According to the Cultural Resources Management Section of the Integrated Natural Resources Conservation Plan, prepared for the National Naval Medical Center, the family housing units (Buildings 34, 35, 36, 37, & 38) were determined to be eligible for listing in the National Register of Historic Places in FY94. Residences remain intact and retain architectural and historical integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 34

PROPERTY RECORD NO: 200649

10. PHOTOGRAPHS

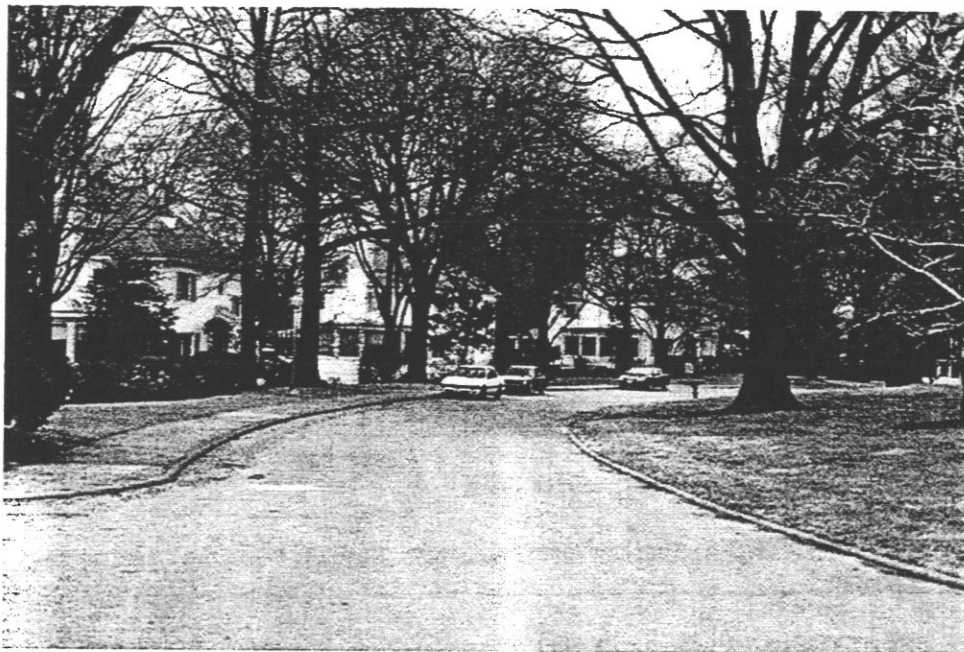


Figure 6.50 - View of Officers' Quarters, looking east along Van Reypen Road.



Figure 6.51 - View of Building 34, looking north.

BUILDING NO: 34
PROPERTY RECORD NO: 200649



Figure 6.52 - View of enclosed porch, Building 34, looking northeast along west elevation.

1944-1945
1946-1947
1948-1949
1950-1951
1952-1953
1954-1955
1956-1957
1958-1959
1960-1961
1962-1963
1964-1965
1966-1967
1968-1969
1970-1971
1972-1973
1974-1975
1976-1977
1978-1979
1980-1981
1982-1983
1984-1985
1986-1987
1988-1989
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
2000-2001
2002-2003
2004-2005
2006-2007
2008-2009
2010-2011
2012-2013
2014-2015
2016-2017
2018-2019
2020-2021
2022-2023
2024-2025

1944-1945
1946-1947
1948-1949
1950-1951
1952-1953
1954-1955
1956-1957
1958-1959
1960-1961
1962-1963
1964-1965
1966-1967
1968-1969
1970-1971
1972-1973
1974-1975
1976-1977
1978-1979
1980-1981
1982-1983
1984-1985
1986-1987
1988-1989
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
2000-2001
2002-2003
2004-2005
2006-2007
2008-2009
2010-2011
2012-2013
2014-2015
2016-2017
2018-2019
2020-2021
2022-2023
2024-2025

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 35 PROPERTY RECORD NO: 200488

BUILDING NAME/HISTORIC NAME: Commanding Officer Quarters/Officers Quarters B

DATE OF CONSTRUCTION: 1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete slab and footing

WALLS: Brick and concrete block ROOF: Slate

SQUARE FOOTAGE: 4415

NOTABLE FEATURES: Site planning; cast iron ornament; brick facade; porch w/flagstone base

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Roof replacement, exterior painting, and boiler replacement.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy personnel

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES

According to the Cultural Resources Management Section of the Integrated Natural Resources Conservation Plan, prepared for the National Naval Medical Center, the family housing units (Buildings 34, 35, 36, 37, & 38) were determined to be eligible for listing in the National Register of Historic Places in FY94. Residences remain intact and retain their architectural and historical integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 35

PROPERTY RECORD NO: 200488

10. PHOTOGRAPHS



Figure 6.53 - View of Building 35, looking north.

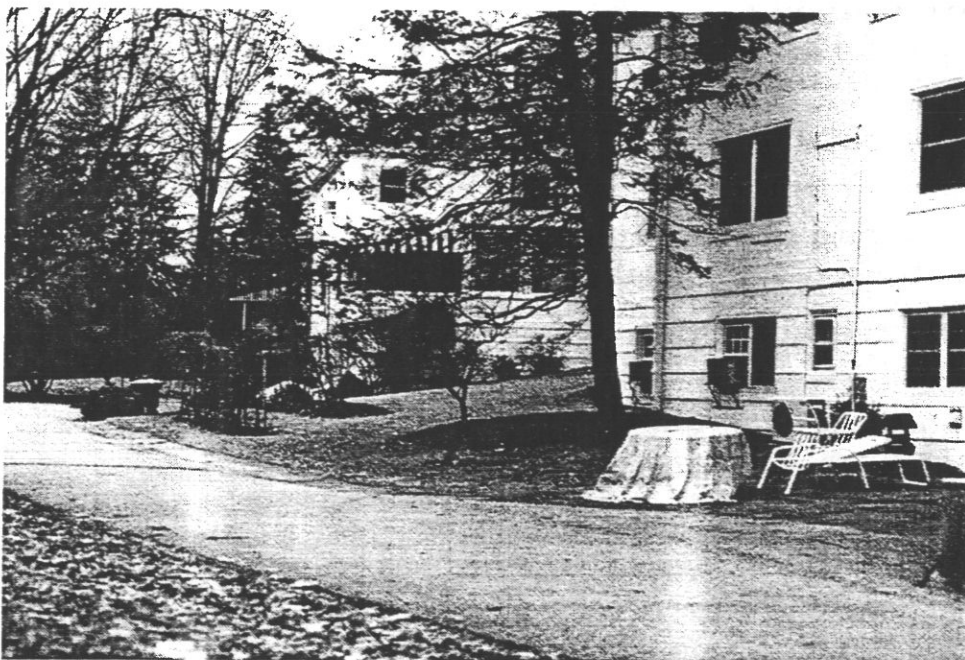


Figure 6.54 - Rear view of Buildings 35 and 36, looking east. Building 35 in foreground.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 36 PROPERTY RECORD NO: 200572

BUILDING NAME/HISTORIC NAME: Officer Quarters C/Officers Quarters B

DATE OF CONSTRUCTION: 1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete slab and footing

WALLS: Brick and concrete block ROOF: Slate

SQUARE FOOTAGE: 4270

NOTABLE FEATURES: Site planning; cast iron ornament; brick facade; porch w/flagstone base

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Roof replacement, exterior painting, and boiler replacement.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45) Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy personnel
☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Potentially eligible as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES According to the Cultural Resources Management Section of the Integrated Natural Resources Conservation Plan, prepared for the National Naval Medical Center, the family housing units (Buildings 34, 35, 36, 37, & 38) were determined to be eligible for listing in the National Register of Historic Places in FY94. Residences remain intact and retain their architectural and historical integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 36

PROPERTY RECORD NO: 200572

10. PHOTOGRAPHS



Figure 6.55 - Building 36, looking north.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 37 PROPERTY RECORD NO: 200500

BUILDING NAME/HISTORIC NAME: Officer Quarters D/Officers Quarters B

DATE OF CONSTRUCTION: 1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete slab and footing

WALLS: Brick and concrete block ROOF: Slate

SQUARE FOOTAGE: 4415

NOTABLE FEATURES: Site planning; cast iron ornament; brick facade; porch w/flagstone base

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Roof replacement, exterior painting, and boiler replacement.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy personnel

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT

Potentially eligible as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES

According to the Cultural Resources Management Section of the Integrated Natural Resources Conservation Plan, prepared for the National Naval Medical Center, the family housing units (Buildings 34, 35, 36, 37, & 38) were determined to be eligible for listing in the National Register of Historic Places in FY94. Residences remain intact and retain their architectural and historical integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 37

PROPERTY RECORD NO: 200500

10. PHOTOGRAPHS



Figure 6.56 - Building 37, looking north.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 38 PROPERTY RECORD NO: 200540

BUILDING NAME/HISTORIC NAME: Officer Quarters /Officers Quarters B

DATE OF CONSTRUCTION: 1941 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Housing)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete slab and footing

WALLS: Brick and concrete block ROOF: Slate

SQUARE FOOTAGE: 4270

NOTABLE FEATURES: Site planning; cast iron ornament; brick facade; porch w/flagstone base

CONDITION: ☒ Excellent ☐ Good ☐ Fair

SIGNIFICANT ALTERATIONS: Roof replacement, exterior painting, and boiler replacement.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☒ B. Association with Navy personnel

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT _____

Potentially eligible as a contributing building in potential National Register historic district.

7. POTENTIAL DON TREATMENT CATEGORY ☒ Category I ☐ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES _____

According to the Cultural Resources Management Section of the Integrated Natural Resources

Conservation Plan, prepared for the National Naval Medical Center, the family housing units

(Buildings 34, 35, 36, 37, & 38) were determined to be eligible for listing in the National Register

of Historic Places in FY94. Residences remain intact and retain their architectural and historical integrity.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 38

PROPERTY RECORD NO: 200540

10. PHOTOGRAPHS



Figure 6.57 - Officers' Quarters, looking north (Buildings 35, 36, 34, 37 and 38).
December 11, 1941.



Figure 6.58 - Naval Medical Center. Officers' Quarters, looking west, northwest.
January 7, 1941.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 139 PROPERTY RECORD NO: 200655

BUILDING NAME/HISTORIC NAME: Building 139: Storage/Garage

DATE OF CONSTRUCTION: 1945 MAJOR IMPROVEMENTS: 1967/1989

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Svc.)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Svc.)

2. DESCRIPTION

STORIES: 1

FOUNDATION: Concrete footings

WALLS: Concrete

ROOF: Built up

SQUARE FOOTAGE: 6,760

NOTABLE FEATURES: _____

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: Building appears to have been significantly altered during conversion to laboratory space in 1967.

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine

☐ B. _____

☒ C. Illustrates building type and work of master

☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Not eligible.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES

A series of substantial alterations have significantly compromised the integrity of Building 139. Intensive level survey necessary to determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 139

PROPERTY RECORD NO: 200655

10. PHOTOGRAPHS



Figure 6.59 - West facade, Building 139, looking northeast.

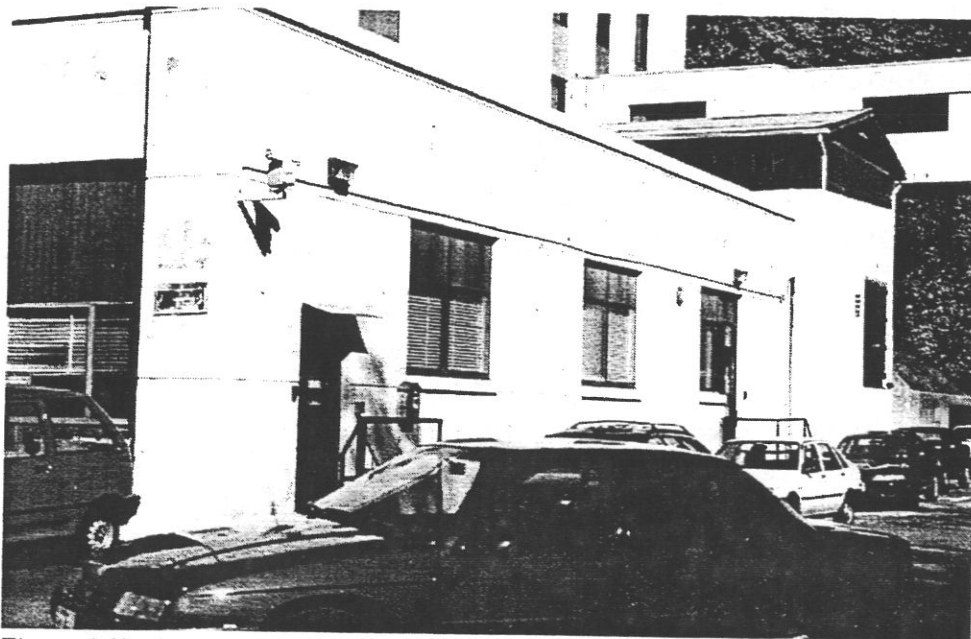


Figure 6.60 - South facade, Building 139, view looking east.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 141 PROPERTY RECORD NO: 200673
 BUILDING NAME/HISTORIC NAME: Building 141: School/Hospital Corpsmen School for Waves
 DATE OF CONSTRUCTION: 1943-1944 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☐ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Educ.)
 CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Educ.)

2. DESCRIPTION

STORIES: 2 FOUNDATION: Concrete/brick block
 WALLS: Wood frame/steel reinforced ROOF: Built up
 SQUARE FOOTAGE: 44,040
 NOTABLE FEATURES: Exterior 2-ply gypsum cladding; truss system;

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)
Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____
☐ C. _____ ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Eligible.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Building 141 is significant for its continued association with the
Uniformed Health Services School and educational efforts at the National Naval Medical Center. Intensive level
survey necessary to determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 141

PROPERTY RECORD NO: 200673

10. PHOTOGRAPHS

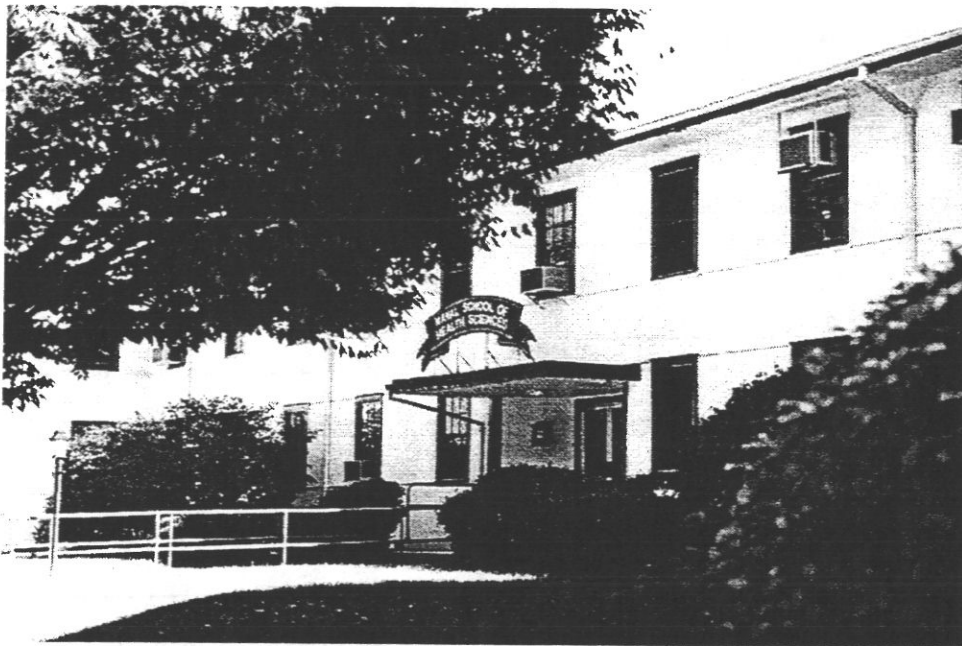


Figure 6.61 - Main entrance, Building 141, looking southeast.

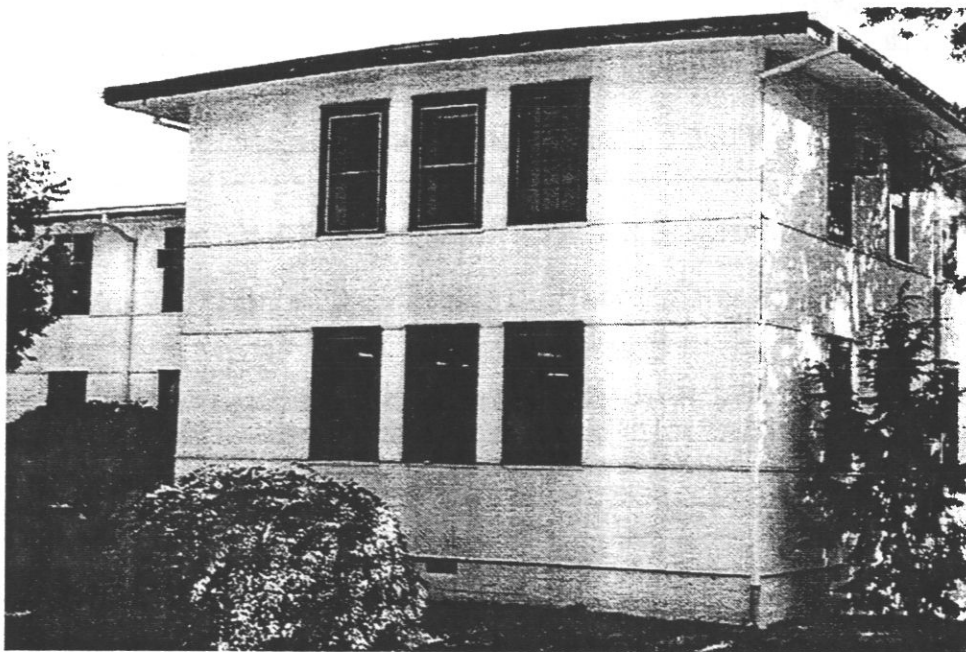


Figure 6.62 - West wing, Building 141, looking south.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 146 PROPERTY RECORD NO: 200519

BUILDING NAME/HISTORIC NAME: Animal House/Storage Shed / Dog Run

DATE OF CONSTRUCTION: 1946 MAJOR IMPROVEMENTS: _____

PROPERTY TYPE: ☒ Building ☐ District ☐ Site ☒ Structure
☐ Object ☐ _____

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Research)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Research)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Concrete ROOF: Asphalt shingle w/metal flashing

SQUARE FOOTAGE: 1008

NOTABLE FEATURES: _____

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☒ C. Illustrates building type and work of master ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Not eligible.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Intensive level survey necessary to determine National Register eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 146

PROPERTY RECORD NO: 200519

10. PHOTOGRAPHS

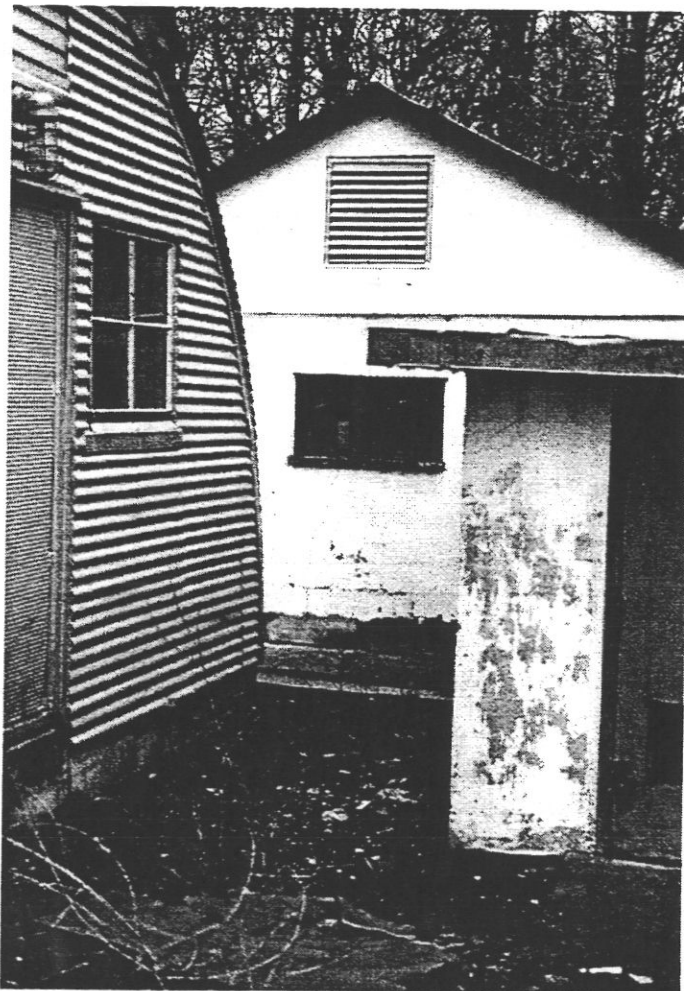


Figure 6.63 - West facade of Building 146 with Buildings 174 and 219 in foreground.

BUILDING NO: 146
PROPERTY RECORD NO: 200519



Figure 6.64 - South facade, Building 146, looking northeast.

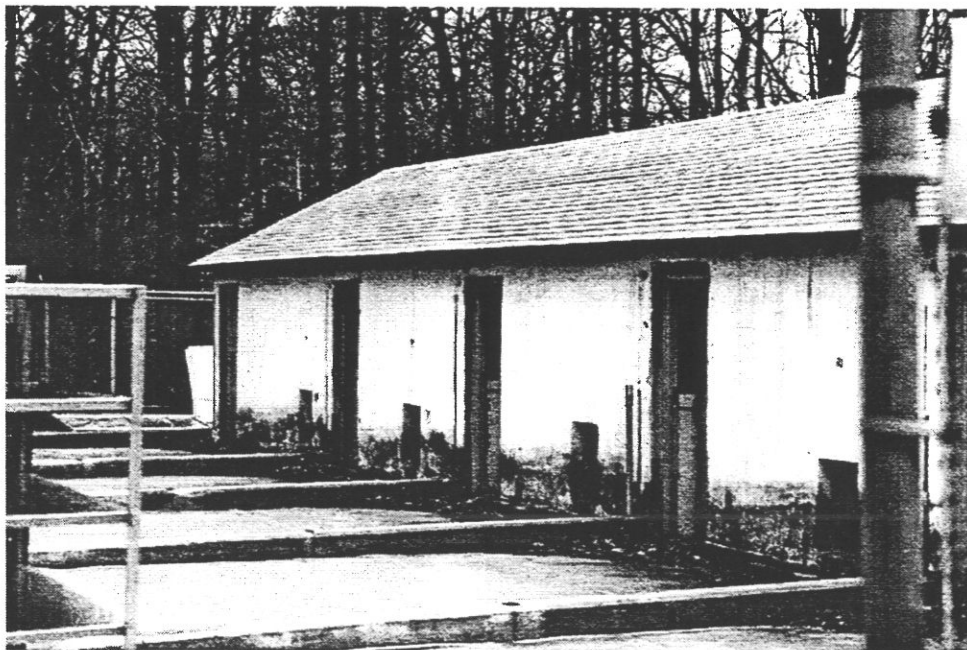


Figure 6.65 - North facade, Building 146, looking southeast.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 163 PROPERTY RECORD NO: 200547

BUILDING NAME/HISTORIC NAME: Filling Station Gas Pumps/Government Vehicles Pump

DATE OF CONSTRUCTION: 1947 MAJOR IMPROVEMENTS: N/A

PROPERTY TYPE: ☐ Building ☐ District ☐ Site ☐ Structure
☒ Object ☐

ACCESSIBILITY: ☐ Restricted ☒ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Service)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Service)

2. DESCRIPTION

STORIES: NA FOUNDATION: Concrete

WALLS: NA ROOF: NA

SQUARE FOOTAGE: NA

NOTABLE FEATURES: Typical late 1940s filling station.

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☐ C. _____ ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Not eligible.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Intensive level survey necessary to determine National Registry eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 163

PROPERTY RECORD NO: 200547

10. PHOTOGRAPHS

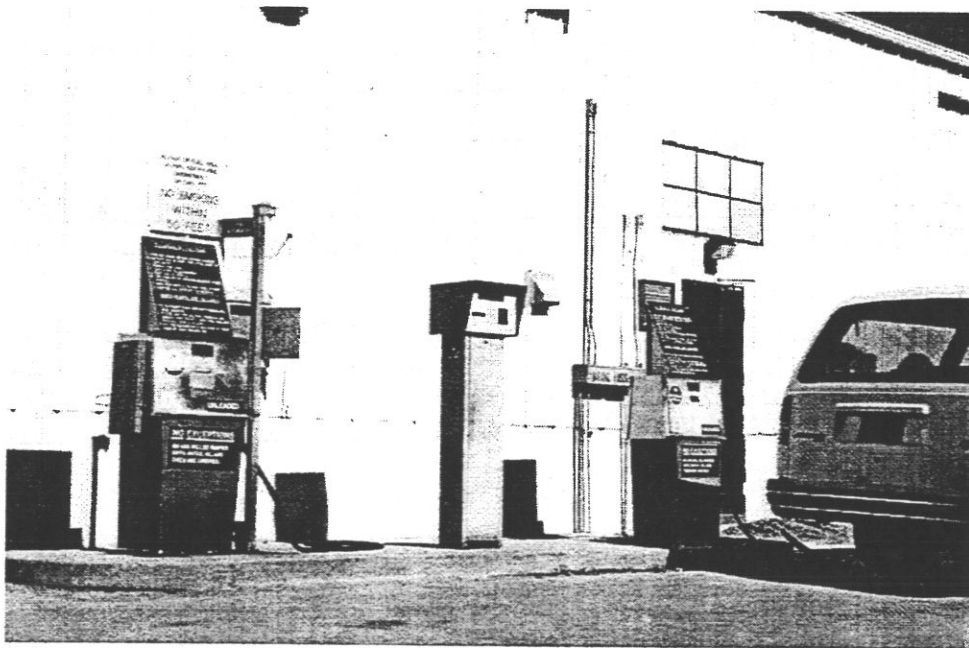


Figure 6.66 - View of filling station (Building 163), looking north.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

1. GENERAL

BUILDING NO.: 219 PROPERTY RECORD NO: N/A

BUILDING NAME/HISTORIC NAME: Research NMRI/Building 219

DATE OF CONSTRUCTION: 1944 MAJOR IMPROVEMENTS: N/A

PROPERTY TYPE: ☐ Building ☐ District ☐ Site ☒ Structure
☐ Object ☐

ACCESSIBILITY: ☒ Restricted ☐ Unrestricted

HISTORIC USE: Category: Defense Subcategory: Naval Facility (Med/Science)

CURRENT USE: Category: Defense Subcategory: Naval Facility (Med/Science)

2. DESCRIPTION

STORIES: 1 FOUNDATION: Concrete

WALLS: Concrete ROOF: _____

SQUARE FOOTAGE: 150

NOTABLE FEATURES: _____

CONDITION: ☐ Excellent ☐ Good ☒ Fair

SIGNIFICANT ALTERATIONS: _____

3. HISTORIC CONTEXT(S) Associated with United States early involvement in World War II (1939-45)

Associated with Public Works Projects/Administration (1933-1939)

4. CRITERIA FOR EVALUATION

☒ A. Association with WWII/Naval Medicine ☐ B. _____

☐ C. _____ ☐ D. _____

5. CURRENT LANDMARK STATUS Not evaluated to date.

6. PRELIMINARY NATIONAL REGISTER ELIGIBILITY ASSESSMENT Not eligible.

7. POTENTIAL DON TREATMENT CATEGORY ☐ Category I ☒ Category II ☐ Category III

8. NATIONAL REGISTER ELIGIBILITY NOTES Intensive level survey necessary to determine National Registry eligibility.

9. MAJOR BIBLIOGRAPHIC REFERENCES

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

BUILDING NO: 219

PROPERTY RECORD NO: N/A

10. PHOTOGRAPHS



Figure 6.67 - Building 219, looking east with Building 146 in background.



Figure 6.68 - Building 219, view looking south.

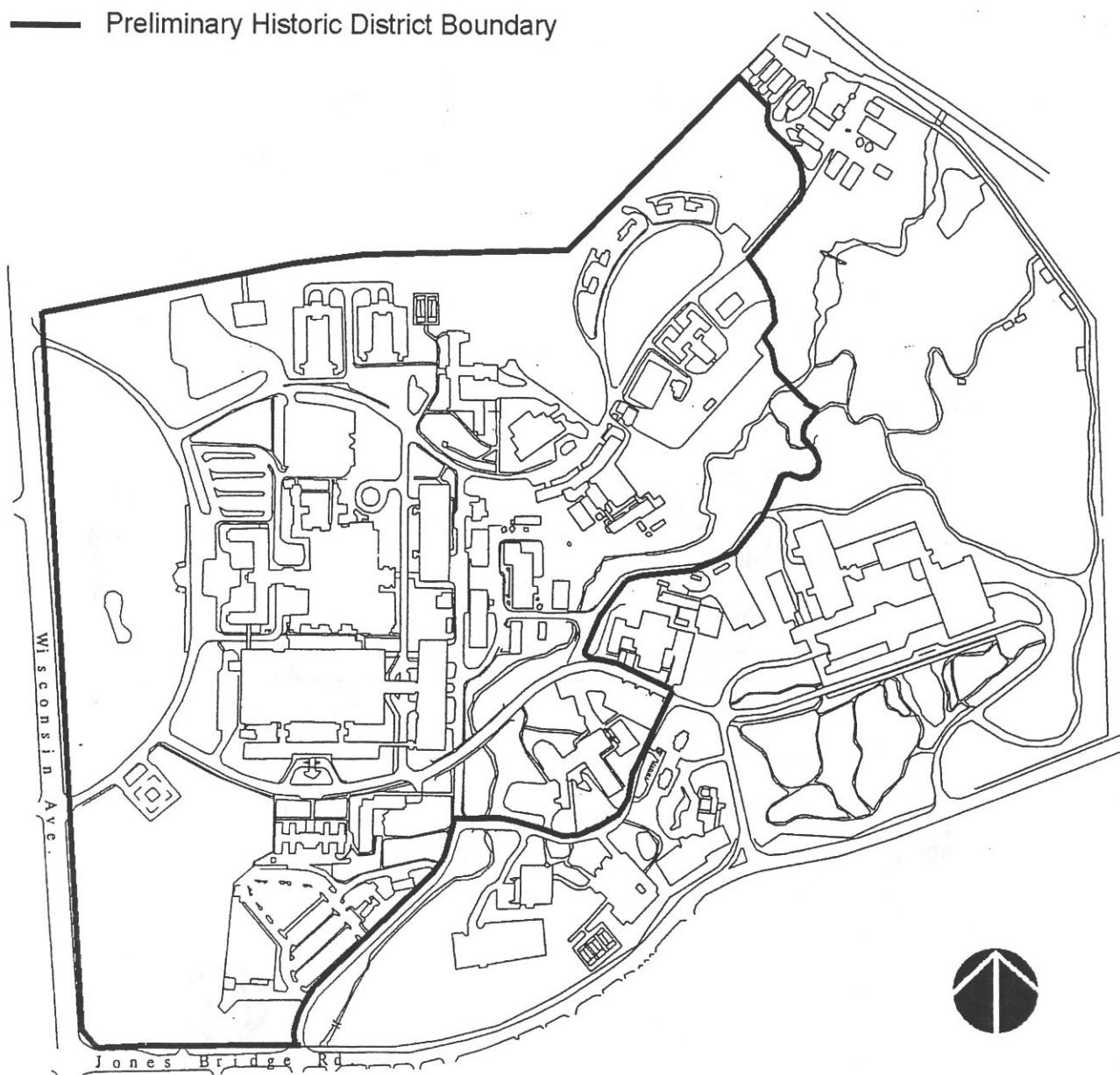


Figure 6.69 - Preliminary Historic District Boundary

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

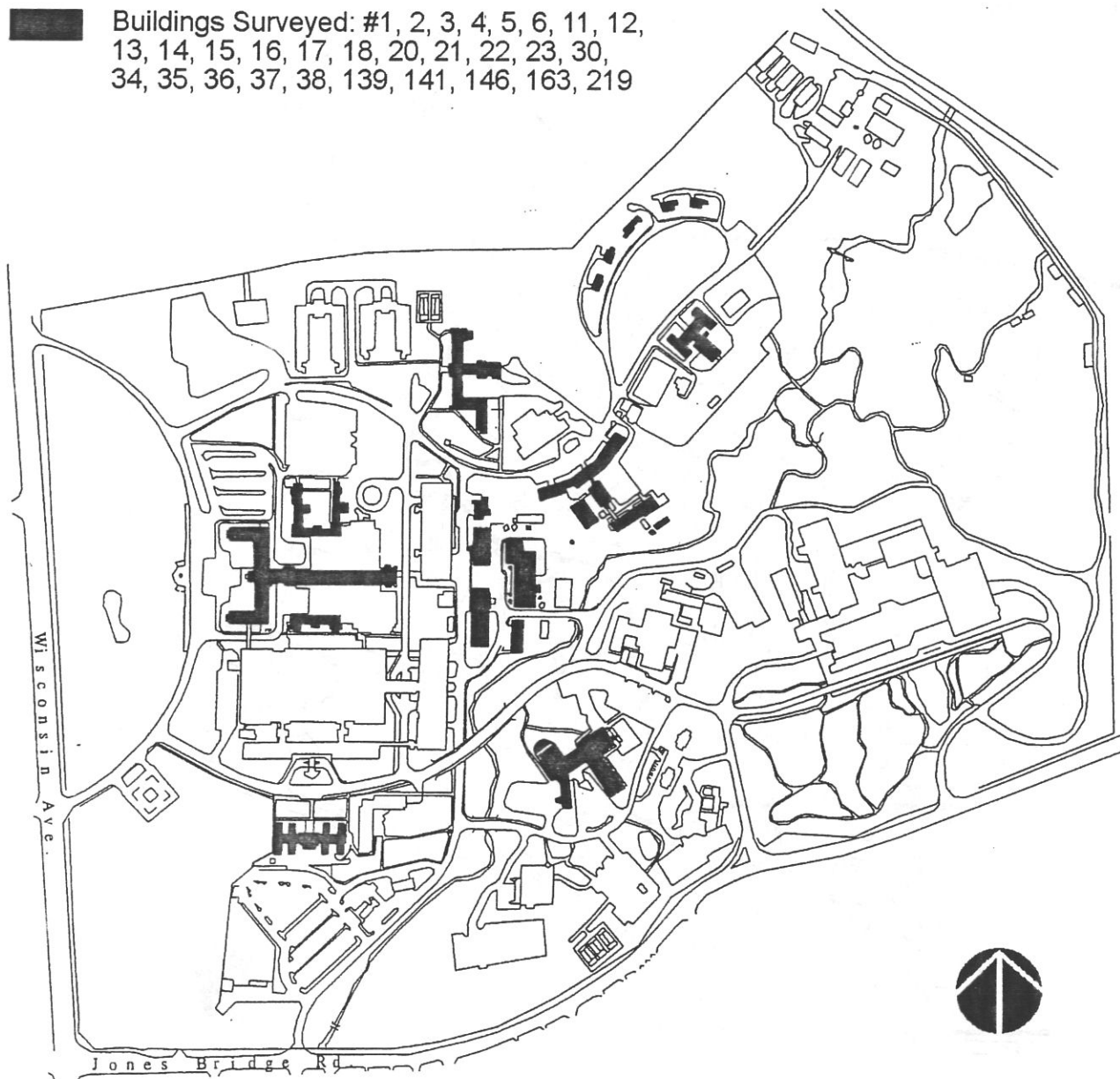


Figure 6.70 - Buildings Surveyed

- Category I Buildings: 1, 3, 5, 11, 12, 13, 15,
16, 17, 18, 20, 21, 30, 34, 35, 36, 37, 38
- Category II Buildings: 2, 4, 6, 14, 22, 23,
139, 141, 146, 163, 219

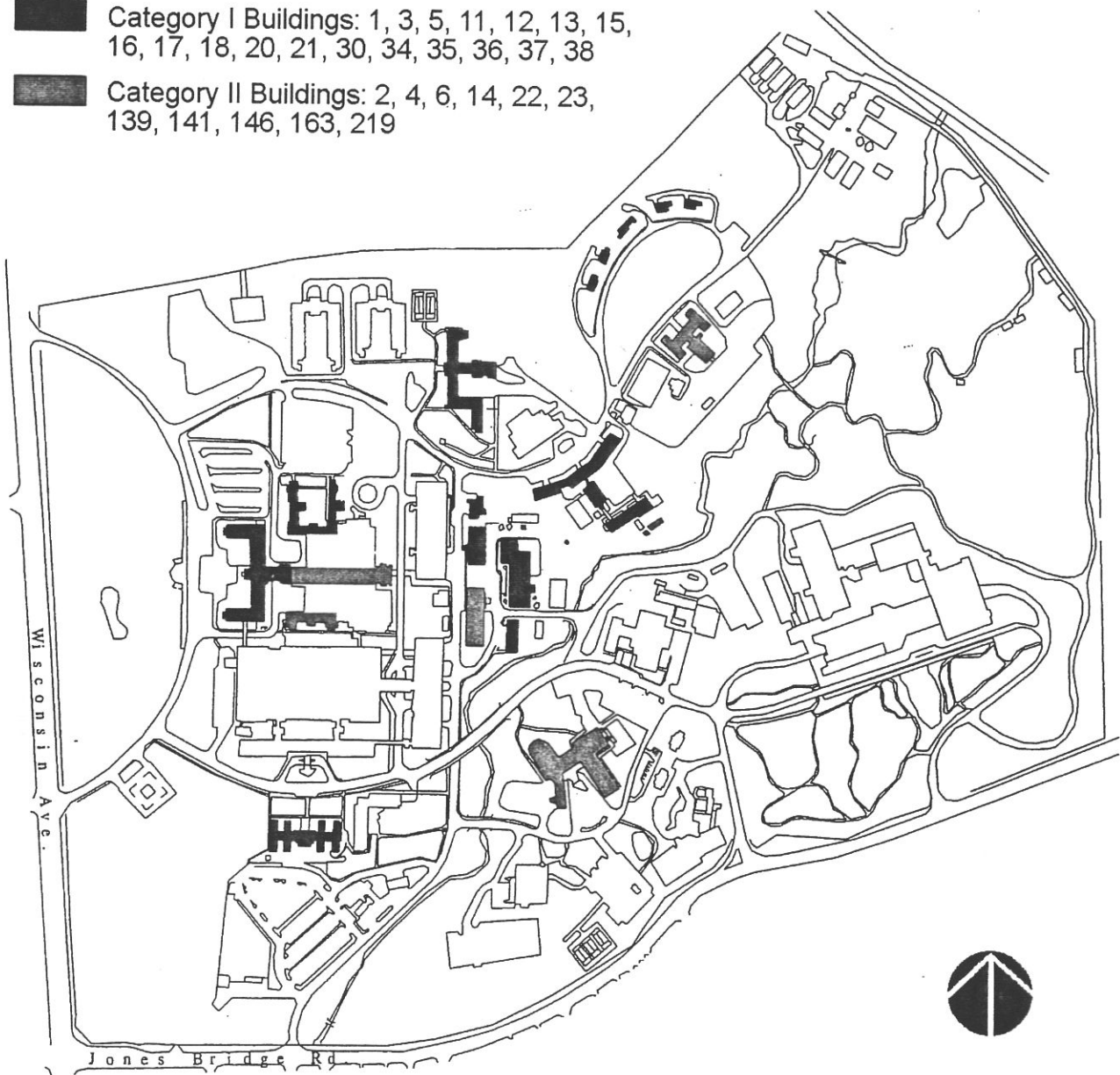


Figure 6.71 - National Register Treatment Categories: Category I & II Buildings

THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILLINOIS 60607-7090
TEL: 773/936-3700 FAX: 773/936-3701
WWW.CHICAGO.PRESS.EDU



SUMMARY OF FINDINGS

The preliminary overview survey of 29 resources at the National Naval Medical Center (NNMC) was conducted in an attempt to identify, and complete a working inventory of, known and potentially eligible National Register resources. This survey was conducted in accordance with the Naval Facility Engineering Command's *Guidance for Preparing Historic & Archeological Resources Protection Plans (HARP) at United States Navy Installations*.

As per HARP *Guidelines*, in the overview survey of 29 resources at NNMC, the buildings were evaluated and tentatively classified in *two* of the three National Register Treatment Categories established by the U.S. Department of the Navy. (The Treatment Categories are defined in detail in Section 8 of this document.) Because the treatment of resources varies substantially from the most comprehensive preservation treatment (Category I) to no special preservation measures (Category III), HARP *Guidelines* require that, as part of an overview survey, all resources be preliminarily assigned as Category I or Category II. It is only after the completion of an intensive level survey that the classifications may be shifted between Categories I and II, or reassigned to Category III.

The NNMC overview survey resulted in the classification of 18 Category I resources and 11 Category II resources. Category I resources include Buildings #1, 3, 5, 11, 12, 13, 15, 16, 17, 18, 20, 21, 30, 34, 35, 36, 37, and 38. Category II resources include Buildings #2, 4, 6, 14, 22, 23, 139, 141, 146, 163, and 219. These evaluations were based, in part, on the architectural and historical significance of each property, its structural integrity, association with major events, persons, and/or achievements in American history, and its contribution to an overall understanding of the history and development of the National Naval Medical Center and, in particular, the medical advancements of the United States Navy.

In order to meet the requirements established by the Department of the Navy's HARP *Guidelines*, the National Naval Medical Center is required to

undertake an intensive level survey of resources that have been identified (as part of the overview survey) as eligible for listing in the National Register of Historic Places.¹ The results of the preliminary overview survey indicate that one resource (Building #1) is currently listed in the National Register, and that 25 of the 29 buildings surveyed are potentially eligible for listing. Only four resources (Buildings #139, 146, 163, and 219) have been preliminarily determined as ineligible for listing in the National Register. It is important to note that the buildings identified as potentially eligible for listing in the National Register are, in almost all cases, potentially eligible for listing as part of a National Register Historic District (see Section 6/page 6-83 for preliminary historic district boundaries).

Intensive level surveys conducted at the NNMC will evaluate all World War II permanent and semi-permanent architectural resources (that have been preliminarily identified as National Register eligible), and all areas with archeological potential that are located within *defined areas of impact for planned* Navy undertakings. An intensive-level survey will also recognize all World War II permanent and semi-permanent architectural resources likely to be affected by *routine* and *repetitive* actions. The purpose of an intensive level survey is to further evaluate potentially eligible resources within impact areas, to officially determine if they meet the criteria for listing in the National Register, and to ascertain whether these resources are subject to Section 106 compliance procedures.

RECOMMENDATIONS FOR FURTHER STUDY: PRIORITIZING RESOURCES FOR INTENSIVE LEVEL SURVEY

In order to carry out the intensive level survey process in an efficient and productive manner, it is recommended that all 25 resources that have been identified as potentially eligible for the National Register be evaluated simultaneously. This recommendation appears to be the most comprehensive as intensive level surveys require more in-depth research, on-site investigation of existing exterior and interior conditions, additional photographic documentation, further examination of the historical significance of each resource, and preparation of National Register Inventory-Nomination forms. Recognizing that this recommendation is viewed as the most practical and ideal approach, it is often not the most feasible for large multi-property installations with ongoing responsibilities and budget constraints. In this case, the installation is encouraged to proceed with the intensive level survey on a prioritized basis, evaluating first and most importantly, those resources that may be directly affected by planned Navy undertakings, and secondly those resources that require the routine and repetitive actions.

In the case of the National Naval Medical Center, if the installation is unable to conduct a comprehensive survey of all 25 resources to be evaluated, it is recommended that the intensive level survey be conducted in phases, starting initially with those resources currently designated for closure as part of the Base Realignment Closure (BRAC) program. Resources at the NNMCM involved in the BRAC program include facilities currently occupied by the National Medical Research Institute (NMRI) and the Armed Forces Radiobiology Research Institute (AFBRI). (It was determined during the overview survey that none of the 29 resources evaluated were associated with AFBRI.) The facilities associated with NMRI that were identified as part of the overview survey and that should be evaluated as part of Phase I of the intensive level survey include:

PHASE I

- Building 1 Main Building (south arm)
- Building 17 Research Building and Animal (17A and 17B) House
- Building 18 Animal House
- Building 21 Animal House/New Animal House
- Building 22 Chemical Building/Storage
- Building 139 Storage/Garage
- Building 146 Dog Run
- Building 219 Research Building

Because three of these resources (Buildings 139, 146, and 219) were determined as part of the overview survey to be ineligible for listing in the National Register, five of these resources (Buildings 1 [south arm], Building 17, Building 18, Building 21, and Building 22) should be evaluated as part of the first phase of the intensive level survey.

Intensive level survey of additional buildings should proceed in two phases. Two separate phases of evaluation appear to be appropriate given the fact that the 29 buildings evaluated as part of the overview survey were constructed in two distinct, yet sequential, phases. (Though constructed in separate phases, both clusters of resources were planned and designed by Paul Cret.) The first period of construction, which occurred essentially between 1939 and 1941, included the original cluster of resources to define the complex. These resources included:

PHASE II

- Building 1 Main Building
- Building 2 Administration/Support
- Building 4 Ward Building
- Building 6 Ward Building
- Building 11 Nurses Quarters/BOQ
- Building 12 Corpsmen Quarters/Barracks
- Building 13 Laundry/Garage
- Building 16 Utility Plant
- Building 34 Officers Quarters A
- Building 35 Officers Quarters B
- Building 36 Officers Quarters B
- Building 37 Officers Quarters B
- Building 38 Officers Quarters B

Given the fact that Building 1 would be evaluated as

part of the Phase I intensive level survey, the remaining 12 resources (Buildings #4, 6, 11, 12, 13, 16, and 34-38) would need to be assessed during Phase II.

The second, though nonetheless significant, phase of major construction at the National Naval Medical Center began immediately following (and perhaps in conjunction with) the completion of the first cluster of buildings. This second period of construction, which occurred essentially between 1941 and 1945, included a second cluster of resources that further defined the complex. These resources included:

PHASE III

- Building 14 Facilities Management/Storehouse
- Building 15 Public Works/Maintenance
- Building 17 NMRI/Research
- Building 20 Firehouse
- Building 21 Animal House
- Building 22 Chemical Storage
- Building 23 Recreation Building
- Building 139 Storehouse/Garage
- Building 141 Hospital Corpsmen School
- *• Building 3 Offices/Administration
- *• Building 5 Offices/Administration
- *• Building 163 Filling Station

* Three additional resources constructed immediately following the cluster of buildings identified above included Building 3 (Offices), Building 5 (Offices), and Building 163 (Filling Station). It is recommended that the intensive level evaluation of these three resources be included in the Phase III survey.

Recognizing that Buildings #17, 21, and 22 will be evaluated as part of the Phase I intensive level survey, and Building #139 has been preliminarily defined as ineligible for listing in the National Register, the Phase III evaluation would include the assessment of Buildings #3, 5, 14, 15, 20, 23, 141, and 163.

As stated previously, it is highly recommended that the 25 buildings identified as eligible for

listing in the National Register be evaluated simultaneously as part of an intensive level survey. However, if this comprehensive survey is not possible, it is suggested that the intensive level survey be conducted in three separate phases. The first phase of the survey would evaluate the NMRI buildings that have been identified as being included in the BRAC program; the second phase would evaluate the cluster of resources constructed between 1939 and 1941; and the third phase would evaluate the second cluster of buildings constructed between 1941 and 1945. The third phase would also include the evaluation of Buildings #3, 5, and 163, all of which were constructed between 1944 and 1947.

¹Though a landscape assessment was not conducted as part of the preliminary overview survey, an evaluation of landscape and other site features should be considered when preparing intensive level survey documentation. This documentation should include information on any specific landscaping features that were executed during the construction of each resource, in particular, the relocation and planting of trees from throughout the region at the National Naval Medical Center. The west and south lawns bordering Rockville Pike and Jones Bridge Road, along with Lake Eleanor, are other notable landscape features that should be addressed, in some fashion, as part of the intensive level survey.

SECTION 7

RESOURCE MANAGEMENT RECOMMENDATIONS



INTRODUCTION

These management recommendations are intended to provide the National Naval Medical Center (NNMC) with guidance for managing its National Register resources. The NNMC is the plant account holder for all the installation's land and facilities. In this host capacity, NNMC has the lead responsibility for compliance with preservation legislation.

PRIMARY MISSIONS OF NNMC

NNMC is structured to include ten major specialized functional directorates. In addition to the prime mission of the hospital, a wide variety of health care, educational and medical research programs exist. They are carried out by seven major tenant commands: National Naval Dental Clinic (NNDC), National Medical Research Development Command (NMRDC), National Medical Information Management Center (NMIMC), Naval School of Health Sciences (NSHS), Naval Medical Research Institute (NMRI), Armed Forces Radiobiology Research Institute (AFRRI), and Uniformed Services University of the Health Sciences (USUHS).

HARP GOALS

The primary overall HARP goal is to protect, in ways that are compatible with the military mission, all resources identified in this Plan or in future surveys as eligible for the National Register of Historic Places. As a second goal, officials should institute procedures to expand the working inventory of National Register resources with more detailed information about those presently known, and information about any additional resources that have not yet been identified.

HARP PRIORITIES

Adoption of the following priorities will help NNMC achieve cost-effective compliance with the National Historic Preservation Act (see Section 8).

1. Identify all foreseeable Navy undertakings at NNMC during the next six years that may affect National Register resources. Classify these undertakings into two categories:
 - A. Single occurrence actions (such as new construction projects), likely to affect National Register resources and
 - B. Routine or repetitive actions (such as repair or maintenance) likely to affect National Register resources.
2. Specify every National Register resource likely to be affected by the single occurrence actions listed in A above.
 - A. Conduct an intensive level professional survey of potentially eligible architectural resources that may be affected by single occurrence undertakings, to determine which of the affected resources are eligible for the National Register.

- B. Conduct an intensive level professional survey of areas with archeological potential that may be affected by single occurrence undertakings, and to locate specific archeological sites that are eligible for the National Register.
 - C. Obtain written concurrence from the Maryland SHPO with survey conclusions / determinations.
 - D. In consultation with the Maryland SHPO, prepare a plan for mitigating any adverse effects from single occurrence undertakings on architectural or archeological resources that have been determined eligible for the National Register.
 - E. Obtain written concurrence on the mitigation plan from the SHPO and from the Advisory Council on Historic Preservation, through the NHPA Section 106 review process.
 - F. Carry out mitigation measures set forth in the mitigation plan after obtaining the written concurrence of the SHPO and the Advisory Council. (The Navy undertaking may then proceed).
3. Identify all National Register resources likely to be affected by the routine or repetitive actions listed in 1(B) above.
- A. Conduct an intensive level professional survey of all potentially eligible architectural resources that may be affected by routine or repetitive actions, to determine which of them are eligible for the National Register.
 - B. Conduct an intensive level professional survey of areas with archeological potential which may be affected by routine or repetitive actions, to locate specific archeological sites that are eligible for the National Register.
 - C. Negotiate and sign a Programmatic Agreement with the SHPO and the Advisory Council to streamline Section 106 compliance for all routine or repetitive Navy actions that affect architectural or archeological resources determined eligible for the National Register.
4. As funding allows, conduct an installation-wide intensive professional survey of potentially eligible architectural resources not covered in 2 or 3 above, to determine which of them are eligible for the National Register.
- A. Obtain written concurrence from the Maryland SHPO with survey conclusions / determinations.
5. As funding allows, conduct intensive professional archeological surveys of all areas with archeological potential not covered in 2 or 3, above to locate sites which are eligible for the National Register.
- A. Obtain written concurrence from the Maryland SHPO with survey conclusions / determinations.
- The National Register Resource Treatment Categories (see Section 8) also suggest top priorities for action. They offer a cost-effective way to avoid adverse effects on National Register resources. Section 106 consultation requirements are greatly

eased as future Navy undertakings arise, if it can be demonstrated that these treatments are being followed.

BUDGET AND STAFF COMMITMENTS

Now that an overview survey has identified potential National Register resources at NNMC (see Section 6) and foreseeable undertakings have been identified in accordance with Priority 1, estimates can be developed for funding and staff commitments needed to carry out the remaining priorities. NNMC can then begin to work with tenant commands to continue securing funds, and continue to work with EFA Chesapeake to comply with NHPA requirements. In addition, a commitment should be made of Public Works staff time and training, to ensure appropriate treatment for National Register resources.

It must be acknowledged that these commitments are subject to the uncertainties of annual appropriations, and therefore cannot be considered binding; however, good stewardship in an era of tight budgets demands preplanning of this sort.

SECTION 8

STANDARD OPERATING PROCEDURES



INTRODUCTION

The Standard Operating Procedures are intended to assist the National Naval Medical Center (NNMC) in achieving the Goals and Priorities in the Management Plan. By following the procedures, officials will establish management routines resulting in cost-effective compliance with the National Historic Preservation Act (NHPA), the National Environmental Policy Act (NEPA), and Archaeological Resources Protection Act (ARPA).

COORDINATION OF THE HARP PLAN WITH THE NNMC MASTER PLAN

When the Master Plan for NNMC is next revised, the information on architectural and archeological resources provided in this Phase I HARP Plan and the Standard Operating Procedures for managing such resources should be taken into consideration during the next Master Plan update.

CONDUCTING INTENSIVE SURVEYS

Once NNMC officials have identified planned Navy undertakings which may affect National Register resources and specified which National Register resources may be affected, intensive level surveys are required. Intensive level surveys will cover all World War II permanent and semi-permanent architectural resources, and all areas with archeological potential that are located within defined areas of impact for planned Navy undertakings. An intensive level survey should also be conducted for all World War II permanent and semi-permanent architectural resources likely to be affected by routine and repetitive actions. The purpose of these intensive surveys is to evaluate

potentially eligible resources within impact areas, to ascertain whether they do indeed meet National Register eligibility criteria and, are subject to Section 106 compliance procedures.

Appendix D provides procedures for conducting intensive surveys, and Appendix E identifies minimum professional standards for those who conduct them.

PROCEDURE FOR SECTION 106 COMPLIANCE

Section 106 of the NHPA requires Navy officials to take into account the effect(s) of any Navy undertaking (project or program) on National Register resources and to consult with the Advisory Council on Historic Preservation before approving any such undertaking. Advisory Council regulations 36 CFR 800 mandate that the Navy first consult with the Maryland State Historic Preservation Office (SHPO), before initiating formal Advisory Council consultation. This is normally done through the Planning Group at EFA Chesapeake.

Preservation legislation emphasizes correct procedures. The Chesapeake Division, Naval Facilities Engineering Command in Washington, D.C., will respond to requests for technical assistance regarding correct procedures and dealing with preservation agencies. Section 106 compliance procedures in situations involving single occurrence Navy undertakings are as follows:

Section 106 Procedures for Single Occurrence Undertakings

Single occurrence undertakings are those that involve single actions not of a routine or repetitive nature, such as development of a vacant site, construction and demolition projects, or major rehabilitation of a building or structure.

The principal steps involved in Section 106 compliance for most single occurrence undertakings include:

1. Intensive level professional surveys that evaluate any National Register resources in the area of impact of the undertaking.
2. NNMC representatives consult with the SHPO to reach agreement on (a) whether all eligible resources have been identified, (b) which resources (if any) are eligible for the National Register, (c) the nature of effects on National Register resources, and (d) measures to mitigate any adverse effects on the resources.
3. If NNMC and the SHPO reach agreement, NNMC drafts a Memorandum of Agreement (MOA) for signature by the Commanding Officer, the SHPO and the Advisory Council. The undertaking may then proceed.
- 3a. If professionals performing the intensive survey conclude that potentially eligible resources do not meet National Register criteria, and the SHPO concurs with this conclusion, documentation of the concurrence is sent to the Council, and the project may proceed.
4. If the Navy and the SHPO cannot reach agreement on questions of eligibility for the National Register, then NNMC requests a

determination of eligibility from the National Park Service. If NNMC and the SHPO cannot agree on the nature of the project's effect or on mitigation of the effect, the case is referred to the Advisory Council.

Preparing Proposals for Mitigating Adverse Effects

The professional(s) whom the Navy hires to conduct intensive level surveys to identify eligible resources in a project's impact area should also prepare a detailed proposal to mitigate any adverse effects on National Register resources.

In a mitigation proposal for an undertaking that would adversely affect a district, building, structure, or object (architectural resources), the significant features of the resource involved are first identified, followed by a description of the effect the project will have on those significant features. Measures for mitigating any potential adverse effects are then proposed. These measures might include moving the proposed site of new construction to an alternative location or modifying the design of new construction to harmonize with the design of nearby buildings or the setting.

If destruction or damage to an architectural resource cannot be avoided, measures may be recommended in the Plan to record the affected resource according to the documentation standards of the Historic American Buildings Survey (HABS) and the Historic American Engineering Record (HAER). This may include preparation of measured architectural or engineering drawings, large format black and white archival quality photography, and the preparation of a brief report describing the resource and summarizing its history (information manuals are available from the National Park Service). The level of documentation required is

determined in consultation with the National Register Programs Staff in the National Park Service Regional Office in Washington D.C., through whom the documentation will be transmitted to the Library of Congress. Once a mitigation proposal has been negotiated that is acceptable both to the Navy and to the SHPO, NNMC drafts an MOA in accordance with Advisory Council regulations. The Advisory Council provides guidance for preparing such agreements in *Preparing Agreement Documents* (September 1989). Copies of this document and assistance with its use may be obtained from the Chesapeake Division Naval Facilities Engineering Command. The MOA is signed by the Commanding Officer, NNMC, forwarded to the SHPO for execution and sent to the Advisory Council for ratification. The Advisory Council in most cases will accept the MOA as written if it has been kept informed of the negotiations with the SHPO through copies of all correspondence; but may in some cases propose changes. After the MOA has been ratified by the Advisory Council, the agreed mitigation program must be carried out as soon as possible or in accordance with a schedule included in the agreement. The undertaking may then proceed. The MOA may be amended at a later date, if it becomes necessary.

If a National Historic Landmark will be adversely affected, the Advisory Council must be invited to participate in negotiations over appropriate mitigation and may request the participation of the National Park Service. In such situations, unless otherwise directed, the Advisory Council will prepare the MOA.

An archeological mitigation proposal includes measures to avoid impacts to the site, such as using the site as "greenspace," or protecting the site with

a buffer from adverse physical impacts. Alternative sites should be analyzed. If the site cannot be avoided, an archeological mitigation proposal may be presented for the SHPO's approval. The mitigation proposal should include of a research design for recovering prehistoric and historic information from the affected site and a program for recovery. The SHPO and the Advisory Council usually consider PHASE III data recovery (see page 4-2) to be adequate Mitigation.

Mitigation of Demolitions Involving World War II Temporary Buildings

The 1986 Programmatic Agreement signed by each military service provides that the future demolition of World War II temporary buildings on all military bases will be mitigated in advance by a coordinated nationwide program of research and documentation. No further Section 106 compliance actions by the Navy are necessary for any adverse effects to World War II buildings and structures classified as "temporary". All other buildings and structures constructed between 1939 and the end of 1945 as part of the war effort must be evaluated in consultation with the SHPO for possible National Register eligibility.

Avoiding Adverse Effects on Eligible Resources

The Navy can often reduce the time and expense involved in Section 106 compliance if, early in the planning of Navy undertakings, the decision is made to simply avoid affecting any National Register resources. For example, it may be possible to select an alternative site. Even if some sort of effect is unavoidable, good planning can avoid having the effect designated "adverse". For example, if an addition to a historic building demonstrably adheres to the *Secretary of the Interior's Standards for Rehabilitation*, this fact will encourage the SHPO to agree to a "No Adverse Effect" determination.

A Programmatic Agreement to Expedite Routine or Repetitive Actions

To streamline compliance with Section 106 (if intensive surveys reveal that any of the pre - 1946 buildings noted in the inventory as potentially eligible for the National Register are indeed eligible), NNMC should consider negotiating and signing a Programmatic Agreement (PA). The PA covers undertakings that involve routine actions affecting National Register resources, or repetition of the same or similar action (s), such as rehabilitation or repair of a type or group of historic buildings or structures. When signed by NNMC, the SHPO , and the Advisory Council, a PA will permit NNMC to proceed with specified types of undertakings, without need for case by case consultation, provided that specified mitigation actions are taken. Ordinarily no additional review by the SHPO or Advisory Council is required. For guidance in drafting a PA, the activity should refer to the Advisory Council publication *Preparing Agreement Documents* (September 1989).

NATIONAL REGISTER RESOURCE TREATMENT CATEGORIES

In order to meet statutory requirements for protecting National Register resources in a cost-effective manner, the Navy has established a system of National Register Resource Treatment Categories. This system of treatment categories is based on the premise that preservation actions should vary according to the nature of the resource. Each treatment category proposes a particular level of preservation treatment suitable for the significance of the resource. Since preservation philosophy is sometimes reluctant to admit that there may be lesser degrees of significance among national resources, categorization must proceed cautiously, by a qualified professional, in

consultation with the Chesapeake Division Naval Facilities Engineering Command. The system is intended to assist personnel at NNMC in achieving goals of the HARP Plan and to facilitate cost effective compliance with NHPA Sections 106 and 110.

NNMC National Register resources, identified in the overview survey, (see Section 6) have been tentatively placed in Treatment I & II. Later, as intensive surveys of areas within the installation proceed, each National Register resource will be individually evaluated for significance, condition, and integrity.

Category I

Basis for Inclusion: Category I resources meet the National Register criteria and are classified by qualified professionals as being of outstanding historical, architectural, archeological, engineering, or cultural significance. Further, these resources have been evaluated as having retained their "integrity", i.e., original and/or authentic period materials, design, and context.

The 1996 overview survey of NNMC indicates that the following resources should be tentatively placed in Category I:

- Building 1 / Main Building
- Building 3 / Administration Building, Ward Building
- Building 5 / Administration, Ward Building
- Building 11 / BOQ, Nurses Quarters
- Building 12 / M & D Hold Facility, Corpsmen Quarters
- Building 13 / Public Works, Laundry and Garage
- Building 15 / Public Works and Maintenance Shop
- Building 16 / Utility Plant, Heating & Refrigeration Plant
- Building 17 / NMRI, Research Building and Animal House
- Building 18 / NMRI, Animal House
- Building 20 / Firehouse, Fire Station Building
- Building 21 / NMRI, Animal House, New Animal House
- Flagpole / Terrace Walls, Steps, Flagpole
- Building 34 / Surgeon General Quarters A
- Building 35 / Commanding Officer Quarters
- Building 36 / Officer Quarters C
- Building 37 / Officer Quarters
- Building 38 / Officer Quarters

Treatment: The most painstaking preservation treatment is applicable. Care must be taken to preserve significant exterior elements of Category I buildings and structures, as well as character defining interior spaces and architectural significance. Window and door openings, roof lines, trim materials, and historic landscape features are often of special interest to preservationists. If the resource is a site, district, or object, care should be taken to identify and preserve all significant features and not introduce incompatible new features.

When maintenance is performed, the original materials should be repaired rather than replaced. The repair of old building materials and architectural features is labor intensive, but life-cycle dollar cost is reasonable when it is a major contributor to preservation.

If repair is not possible and replacement becomes necessary, the new material should match the material being replaced in composition, design, color, texture, and other visual qualities. Modern substitute products and materials are not ordinarily compatible, and in some cases they hasten deterioration of the original fabric.

Repair and replacement of architectural features should be based on detailed and accurate duplication of original features, substantiated by historical, physical, pictorial, or archeological evidence.

Maintenance and rehabilitation of Category I resources must be planned in accordance with *The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings (1983)*, *The Secretary of the Interior's Standards for Historic Preservation*

Projects with Guidelines for Applying Standards (1985) and the Navy Preservation Maintenance Manual.

All significant features of Category I sites, structures, districts and objects should be preserved and care should be taken not to introduce incompatible new features. Regular monitoring for any effects of natural deterioration, neglect, wear, and tear, or abuse should be performed. The procedures for Section 106 consultation (Section 8-1) to avoid adverse effects and develop appropriate corrective measures should be followed.

Category I archeological resources should be preserved by leaving them untouched, in the ground. Disturbance of such resources should not be allowed except in two situations: (1) as part of archeological research conducted under an ARPA or Antiquities Permit, or (2) as mitigation measures under an MOA e.g. data recovery, when unavoidable adverse effects arise from a Navy undertaking.

Category II

Basis for Inclusion: Category II resources meet the National Register criteria, but are classified by professionals as being of lesser historical, architectural, archeological, engineering, or cultural significance than resources included in Category I. They may not be able to match Category I properties in terms of integrity.

The 1996 Overview Survey of NNMC indicates that the following resources should be tentatively placed in Category II:

- Building 2 / Subsistence and Recreation Building
- Building 4 / Administration Building, Medical

Photo, Ward Building

- Building 6 / Administration Building, Medical Photo, Ward Building
- Building 14 / Facilities Management / Storehouses
- Building 22 / Chemical Building, Storage
- Building 23 / Officers Club, Recreation Building
- Building 139 / Storage Garage
- Building 141 / School, Hospital Corpsmen School for Women
- Building 146 / Animal House, Storage Shed, Dog Run
- Building 163 / Filling Station Gas Pumps, Government Vehicles Pump

Treatment: A serious, but flexible and economical approach to preservation is appropriate for Category II resources. Care must be taken to preserve those elements of historic buildings and structures which professional evaluation has identified as contributing to their historic or architectural significance. Window and door openings, roof line, trim materials, and historic settings are often of special interest to preservationists. Any changes introduced should be designed so that they can be reversed in the future, without permanent damage to the integrity of the resource. "Compatibility" is a key goal to pursue whenever changes are introduced.

When maintenance is performed, original materials should be repaired rather than replaced. Repairing old building materials and architectural features is labor intensive, but life cycle dollar cost is reasonable and it is a major contributor to preservation. If repair is not possible or cost effective, however, selected modern replacement products and materials are available.

New materials should match the material being replaced in composition, design, color, texture, and other visual qualities. Whenever feasible, base repair and replacement of architectural features on detailed and accurate duplication of original features, substantiated by historical, physical, pictorial, or archeological evidence.

Maintenance and rehabilitation for Category II resources must be planned in accordance with *The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings (1983)*, *The Secretary of the Interior's Standards for Historic Preservation Projects with Guidelines for Applying Standards (1985)* and the *Navy Preservation Maintenance Manual*.

Category II National Register resources should be monitored regularly for any effects of natural deterioration, neglect, wear and tear, or abuse.

The procedures for NHPA Section 106 consultation should be followed to avoid adverse effects and develop appropriate mitigation measures.

Category II archeological resources should be preserved by leaving them untouched, in the ground. Disturbance of such resources should not be allowed except in two situations: (1) as part of archeological research conducted under an ARPA or Antiquities Permit, or (2) as mitigation measures under an MOA, e.g., data recovery, when unavoidable adverse effects arise from a Navy undertaking.

Category III

Basis For Inclusion: Category III includes resources that qualified professionals have

concluded do not meet National Register eligibility criteria, as well as all World War II temporary buildings, and buildings in historic districts that have been professionally evaluated as non-contributing elements of the district. The first allocation of properties to this category occurs on the basis of professional judgements made during the overview survey. Later allocations are made as potentially eligible resources are reevaluated in intensive surveys and found not eligible for the National Register.

At the overview stage of the HARP Plan, HARP guidelines do not allow potential resources to be placed in Category III.

Treatment: Federal stewardship dictates proper maintenance of all Navy properties; but no special preservation measures are required, and no Section 106 compliance is necessary when dealing with Category III resources. Category III resources that are in close proximity to Category II resources should be treated sensitively, so that they do not produce any affect that triggers Section 106 obligations. Category III resources must be reevaluated periodically for National Register eligibility, in light of increasing age and changing cultural values and eligibility criteria. For example, as resources pass 50 years of age, they may be considered significant. It is recommended that a professional reevaluation be scheduled to coincide with ten year HARP Plan updates.

ADDITIONAL NHPA SECTION 110 REQUIREMENTS

NHPA Section 110 imposes additional responsibilities, which OPNAVINST 5090.1A, Chapter 20, delegates to activity commanding officers, in this case, NNMC:

1. *Use Available Historic Buildings or Structures for Navy Purposes.* Prior to acquiring, constructing, or leasing buildings or structures, Section 110 (a) (1) requires the Navy, to the maximum extent feasible, to use available National Register buildings or structures. The Navy encourages and practices the adaptive reuse of historic buildings and structures whenever possible.

2. *Locate, Inventory, and Nominate Eligible Resources to the National Register.* Section 110 (a) (2) requires the Navy to establish a program to locate and inventory all resources that are eligible for the National Register. A long range survey schedule and budget should be established at each activity for evaluating all resources that have been identified as potentially eligible, and nominations made as applicable.

It is recommended for reasons of economy to complete National Register Inventory Nomination forms (NPS Form 10-900) as part of any contract to perform an intensive survey. Any professionals assigned or retained to prepare National Register nominations should apply criteria and follow instructions found in "National Register Bulletin 16 -- Guidelines for Completing the National Register of Historic Places Form," available from the SHPO or the National Park Service.

3. *Avoid Inadvertent Effects on National Register Resources.* Section 110 (a) (2) also requires the Navy to exercise caution to ensure that no National Register resource is "inadvertently transferred, sold, demolished, substantially altered, or allowed to deteriorate significantly." Significant deterioration may result from

deferred building maintenance and natural erosion of archeological sites.

COMPLIANCE WITH FEDERAL ARCHEOLOGICAL LEGISLATION

The Archeological Resource Protection Act of 1979 (ARPA), the Antiquities Act of 1906, the Archeological and Historic Preservation Act of 1974, and the National Historic Preservation Act, as amended in 1980, promulgate specific archeological protection measures which OPNAVINST 5090.1a, Chapter 20, delegates to activity commanding officers, in this case, NNMC:

1. *Permits for Archeological Investigations.* Compliance with ARPA and the Antiquities Act requires prohibition of persons who are not archeologically qualified Navy employees or qualified archeologists under contract to the Navy from undertaking any archeological explorations except by Permit. Prohibited acts include searching for surface and subsurface (underground) objects, as well as removal of artifacts found lying on the surface. It is well to note that ARPA has both civil and criminal penalties attached. Permits are issued by the Commander, Naval Facilities Engineering Command (COMNAVFACENGCOM). For permitting procedures see NAVFACINST 11010.70A. Professional qualifications required for permits are outlined in 32 CFR Part 229 (8)(a).
2. *Restrictions on Releasing Information Concerning Archeological Resources.* Under Section 9 of NHPA, the activity must take measures to ensure that the location of any National Register archeological resources that are in danger of vandalism will not be made

public or provided to Navy personnel who do not have a need to know.

3. *Care of Project Materials from Archeological Investigation.* Installation officials, or any other Navy officials responsible for conducting an intensive archeological survey for investigation at an installation, must comply with the Archeological and Historic Preservation Act 1974. The act sets forth requirements (see 36 CFR 66.2-66.4) for the care of all materials found while conducting archeological surveys or studies at the installation, disseminating reports or documents produced during the surveys or studies, and properly curating all artifacts or remains collected.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
PUBLISHED WEEKLY
CHICAGO, ILL., U.S.A.
Vol. 48, No. 1, January 1, 1932

SECTION 9

FIRST ANNUAL IMPLEMENTATION PLAN



TEN YEAR HARP PLAN UPDATES

Officials of the National Naval Medical Center are urged to review and update this Phase I HARP Plan every ten years. The Goals and Priorities of the Management Recommendations Section must be periodically reevaluated in light of accomplishments and problems encountered. When the stated goals have been achieved, new goals and priorities may be formulated. If additional work has been performed, the Inventory Section of the Plan should be revised to include the new information. Specific resources may need to be shifted from one Treatment Category to another. Navy installation personnel should also note any difficulties in using the Standard Operating Procedures and devise ways to make them more effective. The plan should also address budget and staffing needs for realizing goals and priorities over the next ten year period.



2000-2001



SECTION 10

TEN YEAR HARP PLAN UPDATE



HARP PLAN ENDORSEMENTS

It is recommended that the activity Phase I HARP Plan be endorsed by NNMC, as the host command, and by the Major Claimant and Resource Sponsor. The Plan should also be sent to the Maryland SHPO for concurrence. Endorsement of the Plan by the SHPO will facilitate compliance efforts during the ten year life of the Plan, and provide evidence of NNMC compliance with preservation legislation.



APPENDICES

APPENDIX A



List of Prehistoric Sites Within Two Mile Radius National Naval Medical Center

(Information Compiled from: Dept. of Housing and Community Development, Division of Historical and Cultural Programs Library; MNCPPC Montgomery County Office of History and Archaeology)

Site Information

Site information is arranged in the following order:

- 1) Site No.
- 2) Site Name
- 3) Quadrangle
- 4) Co-ordinates*
- 5) Type of Site
- 6) Topographical Information
- 7) Cultural affiliation/temporal period
- 8) Artifacts
- 9) Comments

* In places where there were no co-ordinates given on the site form, co-ordinates were estimated.

Quadrangle Information:

Kensington (KQ)

1965; Photorevised 1979

N3900-W7700/7.5

Washington West (WW)

1965; Photorevised 1980

Rockville Quad (RQ)

1965; Photorevised 1984

N3900-W7707/7.5

Falls Church (FC)

1965; Photorevised 1979

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Reports Listed:

1988 June Evans and Elizabeth Myler "Preliminary Archaeological Reconnaissance of a Selected Portion of National Institutes of Health Property, Bethesda, Maryland." (KQ)

1984 Dalton, Dalton and Newport "The NIH Master Plan Phase I Cultural Asset Inventory Interim Report." (KQ)

1986 Koski-Karell et. al. "Technical Report Phase II Archaeological Evaluation for the Woodmont Avenue Extension Project." (WW)

1990 James Sorensen and Heather Bouslog "A Preliminary Archaeological Reconnaissance of Proposed Rip-Rap Areas in Rock Creek Stream Valley Unit #3, Along Beach Drive, Between Knowles Avenue and Cedar Lane." (KQ)

1983 Koski-Karell et. al. "Phase I Archaeological Reconnaissance for the Woodmont Avenue Extension Project." (WW)

1979 Ron Thomas (Mid-Atlantic Arch. Research) "Cultural Resources Reconnaissance Investigations for the Metropolitan Washington Area Water Supply Study Early Action Report."

1987 Elizabeth A. Crowell "Archaeological Survey. Baltimore and Ohio Railroad, Georgetown Subdivision."

1992 Goodwin et. al. "Phase I and Phase II Archeological and Architectural Investigations for the Proposed Site of the William H. Natcher Building, N.I.H., Bethesda, Md."

APPENDICES

APPENDIX B



Deed of Title National Naval Medical Center

The 242 acres which currently comprise the NNMC were all originally part of "Clagetts Purchase". This title search traces the main parcels to the present.

- 1) Patent to Thomas Fletchall of "Clagetts Purchase", recorded in the Land Records of the State of Maryland (RY #1 296), in 1715. 772 acres on the Georgetown Turnpike.
- 2) Deed from Thomas Fletchall, planter of Prince George's County to Thomas Claggett, gentleman of Prince George's County. For 15,000 pounds of tobacco a parcel of land in Prince George's County called Clagett's Purchase located on the ridge between the branches of Rock Creek and Potomac River near a great rock; containing 772 acres. January 20, 1714. (Folio 426, Indenture 20 Jan 1714).
- 3) Deed of gift on 10 Jun 1724; enrolled 11 Jun 1724. From Thomas Clagett, Sr., gentleman of Prince George's County to Thomas Clagett, Jr., planter of Prince George's County. For 5s a parcel of land known as Father's Gift in Prince George's County being part of Clagett's Purchase; containing 200 acres. (Folio 555).
- 4) 1783 Tax Assessment for Clagett's Purchase:
 - a) Robert Peter, 286 acres, value 450 pounds. 3 old houses, 2 tobacco houses, & etc. 150 acres cleared land, 5 acres meadow. Soil good. (Note: This piece is on the west side of Wisconsin Avenue where N.I.H. now stands).
 - b) John Clagett, Sr., 277 acres, value 207 pounds. 1 dwelling house, 24 x 24, 1 barn and other outhouses. 250 acres cleared land. 6 acres meadow.
 - c) Charles Jones, R.C., 150 acres, value 200 pounds. 1 dwelling house, 24 x 16, kitchen, 2 tobacco houses, 3 quarters. 140 acres cleared land, 4 acres meadow, good orchard.
 - d) Aaron Lanham, 50 acres, value 50 pounds. 1 negro quarter, barn and corn house. Mostly all cleared, worn and worked.
- 5)
 - a) On 7/6/1857, Rufus A. Moore to Samuel Perry. 85 + acres for \$6500.00. Part of Hyatts tract called "Clagetts Purchase". Recorded in Liber J.G.H. 6, Folio 243.
 - b) Estate of Samuel Perry to Margaret C. Bohrer (his daughter) for life, but she filed a bill for specific performance of a contract No. 207 Equity 1871. Judgement recorded in Liber E.B.P. 20, Folio 225 and court decreed that 261 acres (Lot #1) be conveyed to her on May 18, 1872 (Richard Williams, Trustee).
 - c) Deed from Margaret C. Bohrer to Eliza D. Barton of Fairfax County, Virginia. Liber J.A. 38, Folio 245. June 1, 1893. 103 1/4 acres for \$30,975.00
 - d) Deed from Margaret C. Bohrer to Eliza D. Barton of Fairfax County, Virginia. Liber J.A. 38, Folio 172. 25 acres on May 12, 1893 for \$8125.00

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

e)Margaret C. Bohrer (wife of J. Louis Bohrer) to Charles C. Bohrer (her son). Part of "Clean Drinking," "Labyrinth," part of "Claggett's Purchase," part of "Leeke Forest," part of "Dan," totalling 134 acres. On September 24, 1894, recorded in JA 46: Folio 38-39-40. Margaret retained a life estate.

f)Deed from Joseph F. Kelly et al to Alfred Harris, 131.7 acres. Liber 494, Folio 114.

g)Deed from Alfred Harris to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on November 15, 1938, in Liber No. 719, at Folio 52: 52.152 acres for \$94,380.00. (Part of "Clean Drinking," "Clagetts Purchase," "Leek Forest," "Dan."

6) a)Deed from William O. Orndorff to George E. Hamilton. 132.5 acres - part of "Clagett's Purchase" and part of "Labyrinth". J.A. 17, Folio 434. April 19, 1890.

b)Deed of Partition by George E. Hamilton. October 2, 1911. Recorded in Liber J.L.B. 224, Folio 78. Hamilton retained 61 acres.

c) Deed from George E. Hamilton, et ux. Louise M. Hamilton to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on November 15, 1938, in Liber No. 719, at Folio 53: 61.165 acres for \$111,016.29.

7) a)Edward L. Mahoney & wife to Alfred Harris. Liber 669, Folio 343.

b) Deed from Paul Henderson, et ux. Mabel Madden Henderson to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on November 15, 1938, in Liber No. 719, at Folio 49: 86.182 acres for \$53,325.00. (2 parcels: #1 68.698 acres and #3 18.387 acres - same as Bohrer from Bohrer in JA 46:38)

8) a)Charles C. Bohrer and wife to Margaret E. Coolidge. May 15, 1906.

b)Deed from Margaret Coolidge, et vir, Edmund B. Coolidge, Sr., to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on January 27, 1939 in Liber No. 724, at Folio 404: 1.417 acres.

9) a)Deed from the Columbia Park Company, Inc., (Note: known as the Roger O'Donnell Farm) to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on December 17, 1938, in Liber No. 721, at Folio 331: 39.488 acres for \$43,000.00 (Note: deed states 42.5 acres). (Note: second part of Lot 2, of the estate of Samuel Perry). Wheeler O. Huff was President. Incorporated in 1938.

b)Deed from Robert P. Dunlop to Samuel Perry. J.G.H. 8, Folio 49. 8 2/5 acres.

10)In 1938 and 1939, the United States of America purchased all eight parcels of land totalling 266.421 acres in the following eight transactions: (Note that 24.041 acres were deeded to NCP&PC in 1942 leaving the current acreage at 242.38)

- a) Deed from Ellen MacPherson Legg et vir, Montgomery T. Less (Note: known as the Donald McPherson Farm) to the United States of America recorded in the Land Records of Montgomery County, Maryland, on January 30, 1939 in Liber 723, at Folio 477: 24.409 acres.
- b) Deed from Edmund B. Coolidge, Jr., Virginia M. Coolidge, and Thelma M. Trigger, Trustee, (Note: known as the T. Trigger Place) to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on January 27, 1939, in Liber No. 724, Folio 402: 0.271 acres.
- c) Deed from Margaret E. Middleton, et vir, Vivian T. Middleton to the United States of America, recorded in the Land Records of Montgomery County, Maryland, on December 22, 1938, in Liber No. 723 at Folio 104: 0.541 acres.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques used.

3. The third part of the report is a discussion of the results of the study. It compares the findings with the previous research and discusses the implications of the study.

4. The fourth part of the report is a conclusion and a list of references. The conclusion summarizes the main findings of the study, and the references list the sources used in the research.

5. The fifth part of the report is a list of appendices. These include additional data, tables, and figures that are not included in the main text of the report.

6. The sixth part of the report is a list of footnotes. These provide additional information about the study and the authors.

7. The seventh part of the report is a list of acknowledgments. These thank the individuals and organizations that provided support and assistance during the study.

8. The eighth part of the report is a list of references. These list the sources used in the research.

9. The ninth part of the report is a list of appendices. These include additional data, tables, and figures that are not included in the main text of the report.

10. The tenth part of the report is a list of footnotes. These provide additional information about the study and the authors.

11. The eleventh part of the report is a list of acknowledgments. These thank the individuals and organizations that provided support and assistance during the study.

12. The twelfth part of the report is a list of references. These list the sources used in the research.

13. The thirteenth part of the report is a list of appendices. These include additional data, tables, and figures that are not included in the main text of the report.

14. The fourteenth part of the report is a list of footnotes. These provide additional information about the study and the authors.

15. The fifteenth part of the report is a list of acknowledgments. These thank the individuals and organizations that provided support and assistance during the study.

APPENDICES

APPENDIX C



List of Historic Sites Within Two Mile Radius National Naval Medical Center

(Information Compiled From: Dept. of Housing and Community Development, Division of Historical and Cultural Programs Library; MNCPPC Montgomery County Office of History and Archeology)

Site Information

Site information is arranged in the following order:

- 1) Site No.
- 2) Site Name
- 3) Quadrangle
- 4) Co-ordinates*
- 5) Type of Site
- 6) Topographical Information
- 7) Cultural affiliation/temporal period
- 8) Artifacts
- 9) Comments

* In places where there were no co-ordinates given on the site form, co-ordinates were estimated.

Quadrangle Information:

Kensington (KQ)
1965; Photorevised 1979
N3900-W7700/7.5

Washington West (WW)
1965; Photorevised 1980

Rockville, MD. - VA.
1965; Photorevised 1984
N3900-W7707/7.5

Falls Church (FC)
1965; Photorevised 1979

APPENDICES

APPENDIX D



Procedures for Conducting Intensive Surveys

After adoption of the HARP Plan, intensive surveys of areas with potential for National register resources may be necessary. The following procedures for conducting intensive surveys may be used in preparing scopes of work.

I. INTENSIVE ARCHEOLOGICAL SURVEYS

The overview survey has already identified known archeological sites and classified them as (a) listed or formally determined eligible for the National Register, (b) potentially eligible, or (c) not eligible. The overview survey also classifies all portions of Navy lands into (a) areas of high potential for archeological resources, and (b) areas of low potential. If a Navy undertaking is planned that would affect an area(s) with high potential, an intensive archeological survey is required in order to identify and apply National Register evaluation criteria to all resources present. Limited archeological sampling may also be necessary in an area of low potential, if a Navy undertaking is likely to affect the area, and the State Historic Preservation Officer (SHPO) requires such sampling as part of Section 106 compliance.

An intensive survey is recommended when an undertaking is planned that would affect a known archeological site or an area of high archeological potential. The cost may be covered from project funds. The intensive surveys identifies archeological resources and evaluates the significance of those resources that cannot be avoided by the undertaking. Measures to mitigate any impacts on affected resources can then be worked out. Intensive archeological surveys are also conducted in situations where it can be shown that by carrying out such a survey, areas of the installation can be eliminated from the National Register-potential category. Such elimination permits more flexible planning and saves time and money for the installation.

Intensive archeological surveys begin with an analysis of existing background research, building upon the Overview survey. Field investigations are undertaken to supplement available information and to identify significant archeological sites. If unavoidable adverse effects by Navy undertakings on significant resources are identified, the findings of the intensive survey will help formulate the scope of work for mitigating adverse effects.

Intensive surveys proceed in two phases:

Phase I identifies all locatable archeological sites in areas of potential for archeological resources, and

Phase II evaluates the eligibility of each site for listing in the National Register, and if necessary develops a plan for mitigating adverse effect(s) of a Navy undertaking on eligible archeological sites.

Archeological investigations are labor intensive. Each investigation must be adapted to local situations. These situations include the conditions under which the investigation is conducted, the characteristics of the field

setting, and the (expected) nature of the resources themselves. The Phase I task of identifying all locatable sites may vary in difficulty from case to case. At one extreme are areas where an undisturbed ground surface is largely clear of vegetation, and all sites can be located through a field surface survey. At the other extreme are areas where heavy vegetation requires the use of shovel test pits at close intervals or areas where geomorphological evidence demands the evaluation of potential for deeply buried sites (e.g., in flood plains). At the conclusion of a Phase I intensive survey, a report is prepared presenting the results of the survey, and making recommendations for avoidance or evaluation of sites that appear eligible for the National Register. Where no sites are identified that appear eligible for the National Register, the concurrence of the SHPO should be sought that no further work is necessary in this area. Where sites have been identified that appear eligible for the National Register, the report should contain a scope of work for Phase II investigation of each site to evaluate its eligibility.

Because of the high expense of locating archeological sites, intensive archeological surveys are ordinarily conducted in only two situations:

- (1) when specific, ground-disturbing undertakings by the Navy require that all potential archeological sites be identified and evaluated and intensive sampling studies be conducted, and
- (2) when sample area testing will allow refined delineation of areas of high and low archeological potential. The sampling studies provide predictive information that forms a basis for making planning decisions. After consultation with the SHPO, areas of low potential may be eliminated from further consideration.

The Phase II part of the intensive survey - evaluating National Register eligibility of a site - examines the ability of the site to contribute important information to understanding prehistory or history. Research questions must be identified to which the site might contribute answers. The Phase II investigation will then be designed to test whether the site does in fact contain data relevant to these research questions. The evaluation task may range from a simple review of unpublished historical information concerning the site to extensive subsurface testing and analysis of recovered materials, such as pollen or macro-botanical remains. Task delineation requires consultation with the SHPO and possibly with the Advisory Council.

The Advisory Council on Historic Preservation is an established Federal Agency under the National Historic Preservation Act of 1966 as amended. The Council was established to advise the President and Congress on historic preservation matters, to recommend measures to coordinate Federal preservation activity, and to comment on Federal actions affecting properties listed in or eligible for listing in the National Register of Historic Places.

The Advisory Council is composed of the following members:

- A chairman appointed by the President selected from the general public;
- The Secretary of Interior;
- The Architect of the Capital;
- The Secretary of Agriculture and the heads of four other agencies of the United States (other

than the Department of Interior), the activities of which affect historic preservation, appointed by the President;

- One Governor appointed by the President;
- One Mayor appointed by the President;
- The President of the National Conference of State Historic Preservation Officers;
- The Chairman of the National Trust for Historic Preservation;
- Four experts in the field of historic preservation appointed by the President from the disciplines of architecture, history, archeology, and an other appropriate discipline; and,
- Three-at-large members from the general public, appointed by the President.

At the conclusion of a Phase II investigation, a report is prepared detailing the methodology and presenting the results. If no sites are identified as eligible for the National Register, the concurrence of the SHPO should be sought that no further work is necessary on the sites evaluated. If sites are identified as eligible for the National Register, the report should include a scope of work for data recovery for each National Register site if site damage cannot be avoided.

II. MITIGATION OF ADVERSE EFFECTS ON ARCHEOLOGICAL SITES

When a Navy undertaking will have unavoidable adverse effects on a site which Phase II identified as eligible for the National Register, a proposal for mitigation of these adverse effects must be developed. This may involve redesign of the project to avoid impacts on the site. Other mitigation measures may be designed, such as covering the site with a buffer and allowing use on top of the buffer. When no avoidance mitigation measures are possible, mitigation shifts to data recovery (Phase III) for retrieving the information the site can contribute to an understanding of prehistory or history. Proposed measures to mitigate adverse effects must be confirmed in a Memorandum of Agreement (MOA) with the SHPO and the Advisory Council before the mitigation measures are implemented and before work may proceed on the Navy undertaking.

A Phase III data recovery investigation may emerge from the Phase II report identifying the site as significant. The mitigation usually consists of a program of recovering data from the affected site(s), according to a preplanned research design. Significant data are retrieved, evaluated, catalogued, and given proper curation. A report is then prepared and filed with the SHPO and the National Park Service. Phase III investigations should be conducted in accordance with requirements of the Archeological and Historic Preservation Act and any standards or guidelines for such work established by the SHPO, the Advisory Council or the Secretary of the Interior. Upon completion of the data recovery and acceptance by the SHPO of the Phase III report, the SHPO prepares a letter concurring that the data recovery constitutes adequate mitigation of the adverse effect(s). The undertaking may then proceed.

All artifacts, photographs, and paper records from all archeological investigations must be given proper curation, in accordance with the requirements of ARPA and standards and guidelines established by the SHPO, the

Advisory Council and the Secretary of the Interior.

III. INTENSIVE BUILDINGS/STRUCTURES (ARCHITECTURAL) SURVEYS

Intensive surveys may also be required of portions of the activity identified by the overview as having potential for historic districts, buildings, structures, or objects. If a Navy undertaking is planned that would affect such an area, an intensive architectural survey may be required. The objective of the survey is to identify and evaluate any buildings, structures, site, districts or objects that are potentially eligible for the National Register. One or more professional architectural historians or historical architects (depending on the size of the area and time available) must be contracted for.

In an intensive architectural survey, National Register Inventory-Nomination forms should be completed for any above-ground, man-made features within the survey area that appear to meet National Register evaluation criteria. Photographs should be taken depicting all significant features of the exterior and interior of each resource. More detailed guidance on conducting the survey is found in "National Register Bulletin 24: Guidelines for Local Surveys: A Basis for Preservation Planning," available from the National Park Service.

The survey results should be summarized in a report which includes a list of all resources at the installation which are evaluated as eligible for the National Register. The list of these resources should also be added to the installation's HARP computer data base. The report includes a proposal for mitigating adverse effects from the Navy undertaking on any potential National Register resources identified in the survey. Copies of the survey forms, photographs, and survey report should be sent to the SHPO. The Navy should then request written concurrence from the SHPO that resources identified in the survey are eligible for the National Register and acceptance of the mitigation action(s) proposed. If agreement can be reached with the SHPO regarding resource eligibility and mitigation measures, the Navy drafts a Memorandum of Agreement (MOA), negotiates details, and procures SHPO and Advisory Council signatures. After mitigation is completed, the undertaking may proceed.

The intensive survey report on historic districts, buildings, sites, structures, or objects will also provide information needed by installation officials to refine the initial classification of all above-ground resource with potential for eligibility into Treatment Category I or II. The intensive survey, after a determination is secured from the SHPO, will enable installation officials to shift resources found not to be eligible for the National Register to Category III.

IV. PROFESSIONAL QUALIFICATIONS TO CONDUCT SURVEYS

At a minimum, the staff or consultants assigned to survey work must meet the standards set in 36 CFR 61.9 for Archeologists or Architectural Historians, depending on the nature of the survey required (see Appendix B). The Navy may request recommendations from the SHPO for qualified consultants to carry out specific projects. Many SHPOs maintain lists of professional consultants experienced in carrying out survey contracts.

V. ENTERING NEW SURVEY INFORMATION IN THE HARP COMPUTER DATA BASE

As intensive surveys are conducted during the six years after adoption of the HARP plan, activity personnel must

enter new information into the activity's HARP Computer Data Base and Cultural Resources Information System data bases.

APPENDICES

APPENDIX E



Minimum Professional Qualifications for Conducting Archeological and Architectural Surveys and Preparing HARP Plans

The following are the minimum professional qualifications established by 36 CFR 61.9 for archeologists and architectural historians. Both types of training are necessary to conduct overview surveys and prepare HARP Plans.

I. ARCHEOLOGY

"The minimum professional qualifications in archeology are a graduate degree in archeology, anthropology, or closely related field plus:

- A. at least one year of full-time professional experience or equivalent specialized training in archeological research administration or management,
- B. at least four months of supervised field and analytic experience in general North American archeology, and
- C. demonstrated ability to carry research to completion.

In addition to these minimum qualifications, a professional in prehistoric archeology shall have at least one year of full-time professional experience at a supervisory level in the study of archeological resources of the prehistoric period. A professional in historic archeology shall have at least one year of full-time professional experience at a supervisory level in the study of archeological resources of the historic period."

II. ARCHITECTURAL HISTORY

"The minimum professional qualifications in architectural history are a graduate degree in architectural history, art history, historic preservation, or closely related field, with coursework in American architectural history; or a bachelor's degree in architectural history, art history, historic preservation, or closely related field plus one of the following:

- A. at least two years of full-time experience in research, writing, or teaching in American architectural history or restoration architecture with an academic institution, historical organization or agency, museum or other professional institution, or
- B. substantial contribution through research and publication to the body of scholarly knowledge in the field of American architectural history.



6-28-1941
7-1-1941



APPENDICES

APPENDIX F



The HARP Computer Data Base

The Historic and Archeological Resources Protection (HARP) Data Base was created for the Naval Facilities Engineering Command. It was designed for use with the Cultural Resources Information System (CRIS), which was developed by the U.S. Army Corps of Engineers, Construction Engineering Research Laboratory.

The HARP Data Base provides HARP specialists and managers at the activity level with an easy means to store data and search for information about their activity's historic and archeological resources. It enables them to manage their National Register resources efficiently.

There are two major parts to the HARP Data Base. The HARP portion contains the activity's working inventory of National Register resources. Through searches of the data base, the user can retrieve print-outs indicating whether an individual resource has been listed on the National Register, formally determined eligible for the Register, or identified as potentially eligible through the Overview. Other searches can produce lists of areas or archeological potential and resources recommended for intensive surveys. Data Base users can also find out which Treatment Category applies to any given resource. The HARP Data Base is also helpful in Section 106 compliance, insofar as it provides a list of all known National Register resources located within the area of impact from a Navy undertaking.

Because HARP operates within CRIS, all the options which CRIS supplies are available to the cultural resources manager in the field. Detailed data regarding archeological and above-ground resources are stored in the four Cultural Resources Information System (CRIS) data bases. Information entered in the BUILDING (buildings, structures, objects or other above-ground, man-made resources), BOAS (prehistoric archeological resources), EXPLORE (historic archeological resources), and FATHOM (underwater archeological resources) data bases can be used to provide documentation necessary for legal compliance actions, and as a starting point for intensive surveys.

In order to use the HARP Data Base, the following equipment, software and instructions are needed. (1) an IBM-compatible personal computer, (2) the CRIS software program (manuals and diskettes in the public domain, without copyright protection), and (4) HARP Data Base User Manual. The database is not, at the time of this submission, available on the Internet.

APPENDICES

APPENDIX G



Laws, Regulations, Directives, Instructions and Manuals

LAWS

Antiquities Act of 1906 (16 USC 431 et seq.).

Archeological and Historic Preservation Act of 1974 (16 USC 469 et seq.).

Archaeological Resources Protection Act of 1979, as Amended (ARPA) (16 USC 470).

National Historic Preservation Act of 1966, as Amended (NHPA) (16 USC 470).

National Environmental Policy Act of 1969 (NEPA) (42 USC 4221 et seq.).

REGULATIONS

32 CFR 229 "Archaeological Resources Protection Act of 1979; Final Uniform Regulations"

36 CFR 60, "National Register of Historic Places"

36 CFR 61, "Procedures for Approved State and Local Government Historic Preservation Programs"

36 CFR 63, "Determination of Eligibility for Inclusion in the National Register of Historic Places"

36 CFR 65, "National Historic Landmarks"

36 CFR 66, "Recovery of Scientific, Pre-Historic, Historic and Archeological Data"

36 CFR 800, "Protection of Historic Properties"

43 CFR 7, "Protection of Archeological Resources"

DEPARTMENT OF DEFENSE DIRECTIVE

Department of Defense Directive No. 4710.1, "Archeological and Historic Resources Management" June 21, 1984.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

NAVY INSTRUCTIONS

OPNAVINST 5090.1A, Chapter 20 (October 1990)

NAVFACINST 11010.70A (1990 revision)

MANUALS

Department of the Navy Preservation Maintenance Manual. Publication expected 1990.

National Register Bulletin 16--Guidelines for Completing National Register of Historic Places Forms. Washington, D.C.: Interagency Resources Division, National Park Services, 1986.

National Register Bulletin 24--Guidelines for Local Surveys: A Basis for Preservation Planning. Washington, D.C.: Interagency Resources Division, National Park Service, 1985.

The Secretary of the Interior's Standards for Historic Preservation Projects with Guidelines for Applying the Standards. Washington, D.C.: Preservation Assistance Division, National Park Service, 1985.

The Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings. Washington, D.C.: Preservation Assistance Division, 1983.

Preparing Agreement Documents: How to Write Determinations of No Adverse Effect, Memoranda of Agreement and Programmatic Agreements Under 36 CFR Part 800. Washington, D.C.: Advisory Council on Historical Preservation, 1989.

Section 106, Step-by-Step. Washington, D.C.: Advisory Council on Historic Preservation, 1986.

APPENDICES

APPENDIX H



The National Register Criteria

The quality of significance in American history, architecture, archeology, and culture is present in districts, sites, buildings, structures, and objects that possess integrity of location, design, setting, materials, workmanship, feeling, and association, and:

- A. that are associated with events that have made a significant contribution to the broad patterns of our history; or
- B. that are associated with the lives of persons significant in our past; or
- C. that embody the distinctive characteristics of a type, period, or method of construction or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
- D. that have yielded, or may be likely to yield, information important in prehistory or history.

Criteria Considerations (Exceptions)

Ordinarily cemeteries, birthplaces, or graves of historical figures, properties owned by religious institutions or used for religious purposes, structures that have been moved from their original locations, reconstructed historic buildings, properties primarily commemorative in nature, and properties that have achieved significance within the past 50 years shall not be considered eligible for the National Register. However, such properties will qualify if they are integral parts of districts that do meet the criteria or if they fall within the following categories:

- A. a religious property deriving primary significance from architectural or artistic distinction or historical importance; or
- B. a building or structure removed from its original location, but which is significant primarily for architectural value, or which is the surviving structure most importantly associated with a historic person or event; or
- C. a birthplace or grave of a historical figure of outstanding importance if there is no other appropriate site or building directly associated with his or her productive life; or
- D. a cemetery which derives its primary significance from graves of persons of transcendent importance, from distinctive design features, or from association with historic events; or
- E. a reconstructed building when accurately executed in a suitable environment and presented in a dignified manner as part of a restoration master plan and when no other building or structure with the same association has survived; or

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

- F. a property primarily commemorative in intent in design, age, tradition, or symbolic value has invested it with its own historical significance; or
- G. a property achieving significance within the past 50 years if it is of exceptional importance.

APPENDICES

APPENDIX I



Glossary

The following are some of the most common terms used in this plan. Additional Glossaries are found in OPNAVINST 5090.1A and NAVFACINST 11010.70A.

Advisory Council on Historic Preservation (ACHP): An independent Federal agency charged with advising the President, Congress, and Federal agencies regarding historic and archeological resources protection and with oversight over Section 106 of the National Historic Preservation Act (NHPA).

Archeological Resources: Any material remains of human life or activities that are capable of contributing to scientific or humanistic understandings of past human behavior, cultural adaptation, and related topics through the application of scientific or scholarly techniques.

Archeological Resources Protection Act of 1979 (ARPA): An act mandating Federal agencies such as the Navy to issue permits for archeological excavations on public land, specifying penalties for unauthorized excavations or vandalism of archeological remains, and providing for the preservation of archeological resources collections and data.

Archeological Survey: An inquiry in which an inventory is compiled of significant archeological remains or materials within a specific geographic area, based on research concerning the prehistory and history of the site and on field investigations. At Navy installations or activities, archeological surveys are usually conducted in two stages: (1) as part of an overview survey, an initial study based on background research and visual examination of the project area that identifies known archeological sites and areas with archeological potential and (2) an intensive survey, a more detailed study that in turn consists of parts: Phase I, a field investigation conducted to locate any archeological resources; and Phase II, a study in which archeological resources identified in the overview of Phase I surveys are evaluated to determine which are significant (eligible for the National Register of Historic Places).

Architectural Resources: Buildings, structure, objects, or other, above-ground, man-made resources. Architectural resources include elements of landscape design, such as formal gardens, parks, and parade grounds, and elements of city planning, such as the layout plan of a Navy installation.

Architectural Survey: A study in which a list is compiled by a qualified architectural historian or architectural historians of districts, buildings, structures, objects and other above-ground, man-made features that appear to meet the evaluation criteria of the National Register of Historic Places. At Navy installations, such surveys are usually conducted in two stages. The first is as part of the overview survey, which is based on preliminary historical research and a preliminary visual survey of the property and results in an initial list of resources that appear to be eligible for the Register and resources and areas that require further evaluation through an intensive building survey. The second stage is an intensive survey, a detailed study involving additional historical research and completion of field survey forms on all districts, buildings, structures and objects eligible for the National Register.

Data Recovery: Archeological investigations conducted pursuant to an MOA to mitigate unavoidable impacts on an archaeological site that is eligible for the National Register. A research design guides the investigation to salvage the important information the site can contribute to prehistory or history.

Building: A construction created to shelter any form of human activity. Examples of buildings on Navy installations include officer's quarters, barracks, hangars, warehouses, and maintenance shops.

District: A district is a geographically definable area possessing a significant concentration, linkage or continuity of buildings, structures, objects, or archeological sites united by association with past events or aesthetically by plan or physical development. A district may also be composed of individually significant architectural resources separated geographically, but linked by historical associations.

Historic and Archeological Resources Protection (HARP) Plan: A plan prepared for the management and protection the National Register resources of a Navy installation. By carrying out the management goals and priorities and following the standard operating procedures of the HARP Plan, installation officials can achieve expeditious compliance with Federal historic preservation and archeological laws.

Memorandum of Agreement (MOA): The written result of Section 106 consultation, signed by the Navy, the SHPO, and the Advisory Council, which resolves conflicts between a Navy undertaking and preservation requirements by stipulating measures to reduce adverse effects or accepts adverse effects as being in the public interest.

Mitigation: A lessening, or alleviation of adverse effects from Navy undertakings on National Register resources, carried out as part of a mitigation plan. Mitigation is required under Section 106 of the NHPA, when adverse effects on National Register resources are unavoidable.

National Historical Landmark (NHL): NHL are properties determines by the National Park Service to be of national historical significance. All NHL properties are also listed on the National Register. Because the sites must be of importance to the nature as a whole, the number of NHL is smaller than the total number of National Register properties. NHL are protected under Sections 106 and 110 of the NHPA.

National Historical Preservation Act of 1966, as Amended (NHPA): An act requiring Federal agencies to inventory resources eligible for the National Register of Historic Places, to manage such resources in ways that promote their preservation, and to take National Register resources into account when planning Federal undertakings.

National Register of Historic Places: The official national list of districts, buildings, structures, objects, and sites that are significant in American history, architecture, engineering, archeology and culture. The National Register imposes no preservation imperative; it is simply the Nation's master list of resources worthy of preservation consideration. The National Register is maintained by the National Park Service on behalf of the Secretary of the Interior.

National Register Resources: Districts, buildings, structures, site, and objects that are listed in the National Register of Historic Places or are eligible for the Register. Such resources must meet the National Register Criteria for Evaluation and be significant in American history, architecture, engineering, archeology, or culture.

National Register Resources Inventory: A listing, compiled at the end of an overview survey and augmented as intensive surveys are conducted of archeological resources and architectural resources within an installation. The inventory includes resources listed in the National Register, resources determined eligible, resources considered potentially eligible for the Register, and those requiring further evaluation through an intensive survey or surveys.

Object: A man-made feature that may be movable, but is related historically to a specific setting or environment. Examples include sculptures, monuments, fountains, pedestrian seats, and above-ground remains of a human event or activity.

Overview Survey: A study conducted to determine the likelihood that National Register resources are present at a Navy installation or activity. The overviews are based on background research, review of installation records, and visual examination of areas of potential archeological sites and possible historic districts, buildings, structures, or objects.

Programmatic Agreement (PA): A written agreement among the Navy, SHPO, and Advisory Council on Historic Preservation (ACHP) that streamlines Section 106 review consultations. A PA stipulates how an entire program or class of undertakings repetitive in nature or similar in effect will be carried out so as to avoid or mitigate adverse effects on National Register resources. When the PA is drafted in conjunction with a Historic and Archeological Resources Protection (HARP) Plan, the HARP plan lists the type(s) of undertakings that may be pursued without additional review and indicates management policies for each type of undertaking that will minimize adverse effects.

Section 106 of the National Historic Preservation Act: A section in the NHPA requiring each Federal agency to take into account the effect on National Register resources of any undertaking or project financed or licensed by the agency before approving the undertaking. Agencies must also afford the Advisory Council on Historic Preservation a reasonable opportunity to comment on the undertaking before approving the project. Navy installations comply with Section 106 by following Standard Operating Procedures outlined in the installation's HARP Plan.

Significance or Significant: Attributes or characteristics of a resources that make it valuable and eligible for the National Register of Historic Places. Significance in a Navy resource is evaluated using the National Register Criteria for Evaluation (36 CFR 60.4) and any relevant historical contexts that have been developed for the installation.

Site: The location of a human event, prehistoric or historic occupation or activity, or a building or structure. Examples of sites include battlefields, American Indian burial sites, and the location of demolished Navy buildings.

State Historic Preservation Officer (SHPO): The official who is responsible within each State government for carrying out the provision of the National Historic Preservation Act (NHPA), including consultation with Navy installation and activities.

Structure: The interdependent and inter-related parts that together form the supporting system of a building or the entirety of an engineering work, such as a bridge.

NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MARYLAND

Undertaking: Any action, activity, program, or project financed, assisted, or licensed by the Navy that may have an effect on National Register resources and therefore requires Section 106 consultation with the SHPO and Advisory Council.

